



# INDIAN ASSOCIATION FOR SOCIAL SCIENCES AND HEALTH

Annual Conference

# 2024

**Theme:** *Gender, Health & Sustainable  
Development: Global and National  
Perspectives*

31st Jan -2nd Feb, 2024

At Pondicherry University

**Souvenir** &  
**Abstracts**

In collaboration with:  
Department of Sociology



Email: [iassh2024conference@gmail.com](mailto:iassh2024conference@gmail.com)

Web: <http://iassh.org>



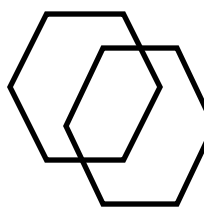
Indian Council of  
Social Science Research



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# Invitation



**DEPARTMENT OF SOCIOLOGY**  
(School of Social Sciences & International Studies)  
**PONDICHERRY UNIVERSITY**

**&**  
**INDIAN ASSOCIATION FOR SOCIAL  
SCIENCES AND HEALTH (IASSH)**

cordially invite you to the inaugural function of the  
National Conference

## **Gender, Health and Sustainable Development: Global and National Perspectives**

on

Wednesday, 31<sup>st</sup> Jan 2024 at 10.00 am  
Convention-cum-Cultural Centre (CCC),  
Pondicherry University

### **Chief Guest**

**Dr. (Smt.) Tamilsai Soundararajan**

Hon'ble Lieutenant Governor of Puducherry, Governor of Telangana &  
Chief Rector of Pondicherry University

has kindly consented to deliver the inaugural address

### **Guests of Honour**

**Shri. R. Selvam**

Hon'ble Speaker, Govt. of Puducherry

**Shri. P.M.L. Kalyanasundaram**

Hon'ble Member of Legislative Assembly  
Kalapet Constituency

**Shri. A. Namassivayam**

Hon'ble Minister for Home and Education  
Govt. of Puducherry

**Prof. K. Srinivasan**

Former Director, IIPS, Mumbai

**Prof. B.B. Mohanty**

Dean, School of Social Sciences and International Studies, Pondicherry University

will deliver the felicitation address

**Prof. K.Tharanikkarasu**

Vice-Chancellor (Officiating)  
Pondicherry University

will preside

**Prof. C. Aruna**

Conference Convenor



ICSSR

**Prof. T.V. Sekher**

President, IASSH

## *Programme Schedule*

10.00 – 10.05 am	National Anthem Tamil Thai Vazhthu Lighting of the lamp	
10.05 – 10.10 am	Welcome Address	<b>Prof. C. Aruna</b> Conference Convenor Head, Dept. of Sociology Pondicherry University.
10.10 – 10.20 am	Honouring of Guests	<b>Shri. R. Selvam</b> Hon'ble Speaker, Govt. of Puducherry.  <b>Shri. A. Namassivayam</b> Hon'ble Minister, for Home and Education Govt. of Puducherry.  <b>Shri. P.M.L. Kalyanasundaram</b> Member of Legislative Assembly, Govt. of Puducherry.  <b>Prof. K. Srinivasan</b> Former Director, IIPS Mumbai.
10.20 – 10.25 am	Address by IASSH President	<b>Prof. T .V. Sekher</b> President, IASSH.
10.25 – 10.30 am	Felicitation Address	<b>Prof. B.B. Mohanty</b> , Dean, School of Social Sciences & International Studies, Pondicherry University.
10.30 – 10.40 am	Presidential Address	<b>Prof. K. Tharanikkarasu</b> Vice-Chancellor (Officiating) Pondicherry University.
10.40 – 10.50 am	Inaugural Address	<b>Dr. (Smt.) TAMILISAI Soundararajan</b> Hon'ble Lieutenant Governor of Puducherry, Governor of Telangana & Chief Rector of Pondicherry University.
10.50 – 10.55 am	Vote of Thanks  National Anthem	<b>Prof. P. M. Sandhya Rani</b> General Secretary, IASSH





# Invitation



**DEPARTMENT OF SOCIOLOGY**  
(School of Social Sciences & International Studies)  
**PONDICHERRY UNIVERSITY**  
&  
**INDIAN ASSOCIATION FOR SOCIAL  
SCIENCES AND HEALTH (IASSH)**

cordially invite you to the valedictory function of the  
National Conference

## **Gender, Health and Sustainable Development: Global and National Perspectives**

on  
Friday 2<sup>nd</sup> Feb 2024 at 12.00 pm

**J.N. Auditorium**  
Pondicherry University

### **Chief Guest**

**Dr. Rakesh Aggarwal**  
Director, JIPMER  
will deliver the valedictory address

### **Felicitations**

**Shri. P. Angalane**  
Member of Legislative Assembly,  
Govt. of Puducherry

**Selvi. P. Muthumeena**  
Director, Dept. of Women and Child  
Development, Govt. of Puducherry

**Prof. B.B. Mohanty**  
Dean, School of Social Sciences & International Studies  
Pondicherry University

**Prof. Clement Sagayaradja Lourdes**  
Director, Culture and Cultural Relations  
Pondicherry University  
will preside

**Prof. C. Aruna**  
Conference Convenor



**Prof. T.V. Sekher**  
President, IASSH

## *Programme Schedule*

12.00 – 12.05 pm	University Anthem	
12.05 – 12.10 pm	Welcome Address	<b>Prof. P. M. Sandhya Rani</b> General Secretary, IASSH
12.10 – 12.20	Address by IASSH President	<b>Prof. T .V. Sekher</b> President, IASSH
12.20 – 12.40 pm	Felicitations	<b>Shri. P. Angalane</b> Member of Legislative Assembly Govt. of Puducherry  <b>Prof. B.B. Mohanty</b> Dean, School of Social Sciences & International Studies Pondicherry University  <b>Selvi. P. Muthumeena</b> Director, Dept. of Women and Child Development, Govt. of Puducherry
12.40 – 12.50 pm	Presidential Address	<b>Prof. Clement Sagayaradja Lourdes</b> Director, Culture and Cultural Relations Pondicherry University
12.50 – 1.00 pm	Valedictory Address	<b>Dr. Rakesh Aggarwal</b> Director, JIPMER
1.00 – 1.10 pm	Distribution of awards for Young Researchers	
1.10– 1.15 pm	Vote of Thanks	<b>Prof. C. Aruna</b> Head, Dept. of Sociology Pondicherry University
	National Anthem	

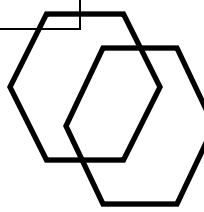


**19<sup>th</sup> ANNUAL CONFERENCE  
INDIAN ASSOCIATION FOR SOCIAL  
SCIENCES AND HEALTH  
(IASSH)**



*In collaboration with*  
**Department of Sociology  
PONDICHERRY UNIVERSITY  
31<sup>st</sup> Jan – 02<sup>nd</sup> Feb, 2024**

<b>Programme Schedule</b>		
<b>Wednesday 31<sup>st</sup> Jan 2024</b>	<b>Day I</b>	
09:00-10:00 hrs	<b>Registration:</b>	
10:00-11:00 hrs	<b>Inaugural Session</b> <i>Venue:</i> Auditorium, Pondicherry University	
11:00- 11:30 hrs	<b>High Tea:</b>	
11:30- 1:00 hrs	<b>Seventh Prof. John Caldwell Memorial Lecture</b> <i>Speaker: Dr. Soumya Swaminathan (Chairperson, Dr. MS Swaminathan Research Foundation)</i> <b>Title: Lessons from the Pandemic for Science and Public Health</b> <i>Chair: Prof. K Srinivasan (Former Director, IIPS, Mumbai)</i> <b>Vote of Thanks: Prof. C Aruna (Conference Convener)</b>	
	<i>Presentation of the Best Publications Awards for Young Researchers</i> <b>Announcement of Prof. K. Mahadevan Award by Prof. S. Siva Raju (Former President, IASSH ) and Dr. Vidya Ramachandran</b> <i>Venue:</i> Auditorium, CCC	
13:00-14:00 hrs	<b>Lunch:</b>	
13:00-14:30 hrs	<b>POSTER PRESENTATIONS (A)</b> <i>Venue:</i> First Floor, CCC	
	Factors Influencing Comprehensive Knowledge HIV/AIDS and Attitudes towards People Living with HIV among Unmarried Men in India	Mahadev Bhise
	Maternal, child, socio-demographic and household factors associated with Under Five Mortality Rate among Scheduled Tribes in India: An Analysis of National Family Health Survey-5 (2019-2021)	Aswathy K, Dr. N. Sivakami



	Educational attainment plays pivotal role in cognitive functioning of older tribal population in India	Neha Kumari, Dr. Nandita Saikia
	Examining the Role of Women's Healthcare Autonomy on Maternal Health Services among Left-Behind Women in Rural Koch Bihar	Moslem Hossain
	Workers right to provision of Employee State Insurance Scheme (ESIS) and its implementation in steel industry workers with references to their occupational healthcare in Odisha, India	Parthsarathi Dehury, Ranjit Kumar Dehury, Imteyaz Ahmad
	Utilisation and accessibility of healthcare services among gig workers: A systematic review	Pooja Kalbalia, Dr. Nayan Jyoti Nath
	Work Satisfaction and Population Mobility: Why Indian Cross-border Workers in Nepal so Satisfied?	Shubham Kumar
	Family Dynamics and Caregiving for Individuals with Locomotor Disabilities: A Comprehensive Perspective	Tamilarasu Sampath, Dr. N R Suresh Babu
	Examining inequality in contraceptive use among the Indian population: Evidence from the national family health survey, 2019-21	Rushikesh Khadse
	Challenges Faced by Tribal Women in Seeking Diabetes Care: A Qualitative Study from Meghalaya State in Northeast India	Alacrity Muksor, Dr. Daksha Parmar
	Disparities of Health Infrastructure and Manpower in India (A Comparative Study of Urban and Rural Area)	Fathimath Roobiya NU, Dr. H. Yasmeem Sultana
	Sex differences in chronic pain and its treatment among middle-aged and older adults of India	Amit Kumar Goyal
	Reflections on Understanding the Social and Economic Determinants of Health Status and the future of Health Equity in India	Abhijit Sambhaji Bansode
	Trends in tobacco use among adults in India	Chaitali Mandal, Dr. Murali Dhar
	An Assessment of Janani Suraksha Yojana in Rural Odisha: A Sociological study on Awareness, Attitude, and Utilization Patterns	Archana Behera
	Unveiling the Abortion Landscape in India: Insights from NFHS-5 Data	Aditi B. Prasad
	An Analytical Study of District Level Disparities in Nutritional Status of Children and Adults in Gujarat	Urvisha J. Mataliya, Dr. Vijay S. Jariwala
	Does gender have any impact on the association between birth order and undernutrition among Indian children: An analysis of NFHS-5 Data.	Rachana Singh, Dr. Angan Sengupta
	Does Access to BPL and Antyodaya Ration Cards Ensure Food Security among Elderly in India	Nand Lal Mishra, Bharti Singh, Shivani Kumaria
	Husband's involvement in birth preparedness: A study among young married men in Tamil Nadu	R. Saravanan, Dr. A.K. Ravisankar



14:30-16:00 hrs	<b>Technical Session 1: Morbidity and Disease Burden</b> <i>Venue:</i> Auditorium, CCC <i>Chair: Prof. N Audinarayana</i> <i>Discussant: Dr. Sarang Pedgaonkar / Dr. Siddharth Acharya</i> <i>Rapporteurs: Jafar K / Vaseem Ahamad</i>	
	Community experiences and challenges to register deaths in Civil Registration System in India: Findings from a primary qualitative survey in Assam, Kerala, and Maharashtra	Dr. Nandita Saikia, Dr. T R Dilip, Dr. Kauslendra Kumar, Pratik Neve
	To estimate the gain in life expectancy at birth after partial and complete elimination of a specific cause of death in India: An analysis of MCCD Data	Dr. Bal Kishan Gulati
	Underreported, Unmeasured, and Untreated Diabetes in India: Evidence from National Family Health Survey, 2019-21	Dr. Md. Juel Rana
	Association between smoke and smokeless tobacco use and low body mass index (BMI) among older adults in India	Dr. Y Selvamani
	High Waist-Hip Ratio in Indian couples: A study of the risk of metabolic complications	Dr. Jang Bahadur Prasad
14:30-16:00 hrs	<b>Technical Session 2: Ageing and Health</b> <i>Venue:</i> Conference Hall 1, Ground Floor <i>Chair: Prof. R. Nagarajan</i> <i>Discussant: Dr. A K Ravishankar / Dr. Benson Thomas</i> <i>Rapporteurs: Karuna Anand Kurien/ Akif Mustafa</i>	
	Health Status and Social Activities of the Elderly in Rural Setting	Dr. R. Maruthakutti, R. Hemalakshmi
	Changes in Hedonic and Eudaimonic Well-being in the Late Life in India: A Panel Data Analysis	Dr. Dipti Govil, Manish Lekhwani, Dr. Kaushlendra Kumar
	Grandmothers' experience of caregiving to grandchildren staying at their children's place: A study on urban Indian families	Dr. Angan Sengupta, Priya Gupta
	Geriatric Mental Health Needs: A critical evaluation of current mental health policies for older adults in India.	Aparna Nanda, Ashitha Vijayan, Dr. Allen P Ugargol
	Duration of elderly living with non-communicable diseases and their work participation	Ambady Sivan, Dr. R Lusome
14:30-16:00 hrs	<b>Technical Session 3: Gender Issues</b> <i>Venue:</i> Conference Hall 2, First Floor <i>Chair: Dr. Padmavathi Srinivasan</i> <i>Discussant: Dr. Saman Afroz / Dr. Kamala Veni</i> <i>Rapporteur: Vaishali Saikia / Rashmi</i>	
	Balancing Responsibilities: A Review on the Health and Well-being of Women Caregivers in Multi-Generational	A.H. Sruthi Anil Kumar, Dr. T.V.

	Households	Sekher
	Gender and Obesity: Restriction on Women in Public Spaces	Dr. R. Arul Selvan, Dr. S.Suriya
	Assessing the Quality of Life among Transgender in Chennai City	Dr. A. Puvi Lakshmi
	Exploring Gender Disparities in Leisure-Time Physical Activity among Older Adults in India: Insights from WHO SAGE Data	Ali Abbas Rizvi
16:00-16:15 hrs	<b>Tea Break:</b>	
16:15 -17:45 hrs	<b>Technical Session 4: Migration</b> <i>Venue:</i> Conference Hall 1, Ground Floor <i>Chair: Prof. KNM Raju</i> <i>Discussant: Dr. Pragna Tiwari Gupta / Dr. R Lesome</i> <i>Rapporteur: Dhanya Raj / Ritankar Chakarborty</i>	
	Navigating the Health and Nutrition Challenges of Children Among Seasonal Migrant Communities	Dr. Kailash C Das, Dr. Archana K Roy, Kokila Shetty
	How did COVID-19 affected migration in India	Dr. D. P. Singh
	The Impact of Covid-19 on Social Stigma among Migrant Workers in Chennai District, Tamil Nadu	Dr. T. Pugalenth, C. David
	Alcohol consumption among the tribal migrants in Bhubaneswar city, India	Himanshu Sekhar Pradhan, Dr. M Bagavandas
16:15 -17:45 hrs	<b>Technical Session 5: Health Financing and Infrastructure</b> <i>Venue:</i> Auditorium, Pondicherry University <i>Chair: Prof. Ramachandran</i> <i>Discussant: Dr. P Thiagarajan / Dr. Angan Sengupta</i> <i>Rapporteur: Karthick G /</i>	
	Hypertension among the Elderly in Rural India: Who Bears the Distance Cost of Public Primary Healthcare?	Dr. Bertrand Lefebvre, Dr. Abhiroop Mukhopadhyay, Dr. Vastav Ratra
	Financing Health Care of Elderly	Dr. Selvaraju Venkatachalam
	Health Challenges faced by Rural women entrepreneurs in small business: Case studies from three villages near Santiniketan, Birbhum, West Bengal	Dr. Sharmistha Bhattacharjee
	Disability, Morbidity and Household Consumption Expenditure: A panel data analysis	Rupali M. Tamuly, Dr. Pranab Mukhopadhyay

16:15 -17:45 hrs	<b>Technical Session 6: Reproductive Health</b> <i>Venue:</i> Conference Hall C, Pondicherry University <i>Chair: Prof. Nandita Saikia</i> <i>Discussant: Dr. Ranjan Prusty / Dr. Anitha C Rao</i> <i>Rapporteur: Susmita Dash</i>	
	Bleed in a Beaker: Usage of Menstrual Cups in Selected Cities in India	Sonali Smriti Biswas, Dr. Bikramaditya K Choudhary
	Risk factors of STIs among clinically suspected cases attending OPD of a tertiary care hospital of Eastern Uttar Pradesh	Dr. T.B. Singh, Prince Kumar Patel
	Health System Resilience and Equity in India: Dynamics of Institutional Births During COVID-19 Pandemic	Komal Ahluwalia, Dr. William Joe, Anirudhan P Edathil
	Current Contraceptive Use among Married Women in Bihar	Dr. Kh. Bimolata Devi
	Feminization of Contraception: An analysis of contraceptive practices in India.	Rizu Gupta, Shahid C
19:00-20:00 hrs	<b>Cultural Programme:</b>	
20:00-21:00 hrs	<b>Dinner:</b>	
<b>Thursday 01<sup>st</sup> Feb 2024</b>	<b>Day II</b>	
10:00-11:30 hrs	<b>Technical Session 7: Mental Health</b> <i>Venue:</i> Auditorium, Pondicherry University <i>Chair: Prof. R Maruthakutti</i> <i>Discussant: Dr. Dipti Govil / Dr. Y Selvamani</i> <i>Rapporteur: Manisha Jakhar / Abhishek Sharma</i>	
	Post-Traumatic Stress Disorder, Burnout, Depression, Anxiety and Stress among Ambulance Drivers in Tamil Nadu, India: A Comprehensive Analysis	Dr. Henry Pearl M, Dr. Roshni E, Dr. Benson Thomas M, Dr. Selvamani Y, Dr. Charan K, Dr. Sathish Kumar
	Mental Health of Older Adults with Parkinson's Disease: The Role of Treatment Methods	Dr. J Balamurugan
	Reducing Stigma: Mental Illness and Indigenous Healing	Reja Sulaiman, Dr. Mansy M
	Association between Multimorbidity and Psychological Distress among Older Adults in India: The Moderating role of Elder Abuse	Dr. T. Sathya
	What influences cancer patient's mental wellbeing? An analysis with structural equation modelling	Shubham Ranjan, Dr. Ramna Thakur

10:00-11:30 hrs	<b>Technical Session 8: Nutrition</b> <i>Venue:</i> Conference Hall A, Pondicherry University <i>Chair: Dr. V Selvaraju</i> <i>Discussant: Dr. Bal Kishan Gulati / Dr. T. Pugalenth</i> <i>Rapporteur: Subha Arumugam / Aditi B. Prasad</i>	
	Evaluating the knowledge, attitude, practice and probable health impact of doping and dietary supplements in Indian Sports- a systematic review	Dr. Ramesh Athe, Rinshu Dwivedi
	Economic variation in trends and patterns of malnutrition among women in India	Dr. Sarang Pedgaonkar, Dr Abhishek Singh, Aditi, Trupti Meher
	Malnutrition amongst Adivasis: Exploring the myths and realities	Dr. Saman Afroz
	Does Anganwadi impact on the nutritional status of Scheduled Tribe Children in Odisha?	Dr. Jagannath Behera, Gita Naik
	Impact of Anemia intervention on Knowledge Attitude and Practice of Government School Students in Madurai: A longitudinal study	Dr. S. Prathiban, Samuel Ebenezer, Kaisolo Pazhiini, Dr. C.Elancheliaman
10:00-11:30 hrs	<b>Technical Session 9: Domestic Violence</b> <i>Venue:</i> Conference Hall B, Pondicherry University <i>Chair: Prof. Meena Gopal</i> <i>Discussant: Prof. Chandrika G. / Dr. Manas Ranjan Pradhan</i> <i>Rapporteur: Archana Behera / Devikrishna N B</i>	
	Causes of Domestic Violence against Women in India	Dr. Surendra K
	Association between Marital Duration and Initiation of Intimate Partner Violence in India	Dr. Ranjan K Prusty
	Pairing domestic violence with men's alcohol use, men's tobacco use, and stunted child in Indian families	Dr. Rajeshwari Biradar
	Help seeking behavior of women who experienced domestic violence	Dr. R Lusome, Gopika J Sankar
11:30-11:45 hrs	<b>Tea Break:</b>	
11:45 - 13:00 hr	<b>Technical Session 10: Child and Adolescent Health</b> <i>Venue:</i> Auditorium, Pondicherry University <i>Chair: Dr. Malika B. Mistry</i> <i>Discussant: Dr. Mansy M. / Dr. Vishal Jadhav</i> <i>Rapporteur: Kuzhalvendan S / Rahul Mondal</i>	
	Community Owned Quality and Affordable Health Care	Dr. Rajaratnam Abel, R Rajapandian
	Nutritional Status of Mother and Children in Cuddalore : A Study	Dr. M. Raviprakash



	Awareness and Perceptive of Adolescent Girls Regarding Polycystic Ovarian Syndrome Residing in Rural Area	Dr. Anitha C Rao, Dr. Rajendra K
	Increasing Suicides among Young Population in Educational Institutions: A Public Health Crisis	Dr. A. Shahin Sultana
	Effects of Physical Activity on School Children	Kuzhalvendan S
11:45 - 13:00 hr	<b>Technical Session 11: Health Care and Health Systems</b> <i>Venue:</i> Conference Hall A, Pondicherry University <i>Chair: Prof. K. C. Das</i> <i>Discussant: Dr. C. Jerome / Dr. M Tamilarasan</i> <i>Rapporteur: Aiswarya Das / Aditi</i>	
	Assessing the Bottlenecks in the Oral Health Delivery System of Vulnerable community Mumbai (M-East Ward)	Dr. Siddharth Acharya
	The Role of CSR in Promoting Preventive Healthcare and Wellness Programs in India	Dr. Sateesha Gouda M, Dr. A.G. Khan
	Social Capital and Women's Ability to Receive Better Healthcare Services: Findings from LASI	Jitender Prasad
	Job Performance of Women Police and its Determinants in Madurai District, Tamil Nadu	C. Kanmani, Dr. N. Audinarayana, Dr. V. Sethuramalingam
11:45 - 13:00 hr	<b>Technical Session 12: Indigenous Health</b> <i>Venue:</i> Conference Hall B, Pondicherry University <i>Chair: Prof. Arvinder A Ansari</i> <i>Discussant: Prof. Sampath K Srinivasan / Dr. Imtirenla Longkumer</i> <i>Rapporteur: Satheesha N / Mahadev Brahamkar</i>	
	Prevalence, factors and utilization of AYUSH and Traditional Medicine among Older adults in India: Issues & challenges in achieving integration of health systems and mainstreaming complimentary medicine	Dr. Suresh Jungari
	A Qualitative Research Approach on Health Status of Scheduled Tribes in Pachamalai Hills of Salem District	Dr. Yasir Ashraf, Mrinalini S, Mr. Kasi Dharan T
	A Qualitative study of health seeking behaviour to identify the barriers in utilization of healthcare services by indigenous of Gumla, Jharkhand	Dr. Ankit Kumar Jha
	Indigenous Systems of Medicines of India: Status of Inter-Generational Knowledge Transfer	Dr. Samhita Chaudhuri
	Indigenous Health Practices of Tribes In Tamil Nadu: With Special Reference to Paliyan Tribes	Dr. C Kubendran
13:00-14:00 hrs	<b>Lunch:</b>	
13:00-14:30 hrs	<b>POSTER PRESENTATIONS (B)</b> <i>Venue:</i> Outside Auditorium, Pondicherry University	
	The cost of healthcare and productivity loss associated with	Gayathri B, Dr.

	cardiovascular diseases among older adults	Mayanka Ambade, Dr. Ramna Thakur
	Gender Inequality in Unpaid Care Work Time across Generations in Indian Households.	Gursimran Singh Rana
	A Study on Working Class Women & Maternal Health Care in Colonial India: 1920-1947	Sreeparna Chatterjee, Shapna K.P
	Gender equality and sustainability through organic farming practices	Itimayee Behera
	Impact of Premature and Early depletion of ovarian function on Late-life health	Sampurna Kundu, Dr. Sanghmitra S Acharya
	Assessing the Impact of the COVID-19 Pandemic on Healthcare Utilization and Glycemic Control Among Type 2 Diabetes Mellitus Patients in an Urban Indian Community	Puja Goswami, Dr T R Dilip
	Health Spending In India	Sangeetha S, Dr. D. Lazar
	Identifying Spatial Clustering and Impact Of Nutrition Schemes on Malnutrition Among Under Five Population in India: Evidences from NFHS 5	Yogita Kharakwal, Prashant Bhosale
	Gendered Public Space in Women's Mental Health	Subha Arumugam
	Mortality attributable to tobacco and alcohol consumption: A Scoping Review across India over time	Rufi Shaikh
	Availability of Health Care Facilities to the Urban Resettled Population: A Study of Households in the Resettlement Colonies in Chennai	Anjaly Baby
	Women's Reproductive choices and bodily challenges in Infertility Treatment: A Sociological Perspective on Assisted Reproductive Technologies (ARTs).	Arosmita Sahoo
	Mental Health Support Systems in Higher Educational Institutions In India - Prospects and Retrospects	Amrutha M, Dr. A Shahin Sultana
	Voluntary Workers in the Public Healthcare System: Acknowledging the Need to Integrate Accredited Social Health Activists (ASHAs) into the Formal Sector	Karuna Kurien
	Unveiling Health Disparities: A Comprehensive Review of Social and Economic Determinants Among Scheduled Castes and Scheduled Tribes in India	Tamil Aruvi S
	Blessing in disguise? Parental Migration and Child Undernutrition in India	Rinju
	Labour Force Status, Mental Health Problems and Suicidal Ideation among Higher Educated Migrant Youth: A Study in Kolkata City	Mohai Menul Biswas
	Bhopas: the traditional healers of Rajasthan	Manisha Jakhar, Dr. Imtirenla Longkumer
	Exploring the Impact of Menstrual and Post-Natal Practices on Women's Health and Well-Being: An Empirical Study of Tribal Communities in Telangana	Santhosh Gugulothu, Dr. Vijay Korra

	Sociological Perspectives on Gender-Based Violence and Its Health Impacts	Hina Kausar
14:00-15:30 hrs	<b>Technical Session 13: Maternal Health</b> <i>Venue:</i> Auditorium, Pondicherry University <i>Chair: Dr. Rajarathnam Abel</i> <i>Discussant: Dr. Sateesha Gauda M / Dr Ramesh Athe</i> <i>Rapporteur: Mohammed Jasir K C / Nandlal Mishra</i>	
	Decision Making of Rural Women on Fertility in Tamil Nadu, India	Dr. Pitchaimani Govindharaj, Dr. Geetha Jeganathan, Dr. Sampath K Srinivasan
	Feminization of Sickle Cell Anemia: A Sociological Diagnosis of Maternal Morbidity and Mortality among Kurumbar in Kerala.	Jafar K, Dr. K Gulam Dasthagir
	Association Between Contraceptive Use and Interpregnancy Interval in India: Evidence from Pooled Data	Dr. Ajit Kumar Kannaujiya
	Maternal Anemia and Mortality of Tea Workers: A Sociological Analysis in the Chai Bagans	Vaishali Saikia
	Maternal and Child Health Services in India: A Study of National Family Health Survey	Dr. Pazhani Murugesan
14:00-15:30 hrs	<b>Technical Session 14: Environmental Health</b> <i>Venue:</i> Conference Hall A, Pondicherry University <i>Chair: Prof. D. P. Singh</i> <i>Discussant: Dr. Suresh Jungari / Dr. M Ravi Prakash</i> <i>Rapporteur: Rizu Gupta / Sourav Dey</i>	
	A district-level geospatial analysis of the availability of improved Water and Sanitation among Tribal households in India	Dr. Manas Ranjan Pradhan
	Case Study on Linkage Between Health and Environment in "Meyvazhi Salai" village in Tamil Nadu	Dr. Tamilselvi Kaliyamoorthi
	Assessing the Sociological Impact of the Miyawaki Method on Urban Health and Environment in Chennai, Tamil Nadu, India	Dr. P. John Rajadurai
	Water and Sanitation in Rural Tamil Nadu- A Sociological Study	Dr. M Thamilarasan
	Health and Working Conditions of E-Waste Workers in India	Anjani Kumar Mishra
14:00-15:30 hrs	<b>Technical Session 15: Population and Health</b> <i>Venue:</i> Conference Hall B, Pondicherry University <i>Chair: Prof. T. B. Singh</i> <i>Discussant: Dr. Md. Juel Rana / Dr. J Balamurgan</i> <i>Rapporteur: Tamil Aruvi S / Rofi Seikh</i>	
	Differentials in the Reproductive Health of Women in India by Religion: Evidence from NFHS-5 (2019-21)	Dr. Malika B Mistry

	Rising demographic inequalities and its implication on the political representation in India	Pankaj Kumar Patel
	Sociodemographic determinants of cancer screening uptake among women in India- A secondary analysis of the national family health survey-5	Prashant Bhandarkar, Priti Patil
	Polycystic Ovarian Syndrome (PCOS): Reproductive Health and Marital Anxiety	M. Rejoyson Thangal
15:30- 15:45 hr	<b>Tea Break:</b>	
15:.45-17.45 hrs	<b>Technical Session 16: Competition for Youth Best Paper Award Presentations - (A) Venue: Auditorium, CCC</b>	
	Assessing the Consequences of Obesity Reduction for Hypertension Prevalence in India: A Discrete-Event Microsimulation Study	Akif Mustafa
	Tribal people and Health care access in Jawathu Hills, Tamil Nadu	Rama Prabha N
	Clustering of Multiple Chronic Conditions and Their Geographical Variation in Indian Adults	Rashmi
	The Journey of Motherhood: A Qualitative inquiry on the Maternity experiences of Women with Dwarfism	Zuvairiya Nassar
	Morbidity transition at the national, sub-national and their determinants over the past and contemporary period in India	Mahadev Bramhankar
	Forest and Paniya Community: Sustaining Health and Well-being	Dhanya Raj
	Socioeconomic Inequality in Minimum Adequate Diet Relating to stunting among Under five years Children in India: Analysis from National Representative Sample Survey (NFHS-5)	Mriganka Dolui
	Representational Inequities in Under-five Mortality in South Asian Countries: An Illustration of Relative Disadvantage Index	Sourav Dey
	Healthcare Disparities and the 'Kerala Model': A Sociological Study	Suadath V
	“Halfway life” as a marker of ageing in a finite stationary population: A new outlook on sustainable population	Rahul Mondal
	Ecology, Health and Gender - The case of Ngamee of Loktak Lake	Twinkle Gurumayum
15:.45-17.45 hrs	<b>Technical Session 17: Competition for Youth Best Paper Award Presentations –(B) Venue: Conference Hall 1, Ground Floor</b>	
	India’s National Health Mission and the challenge of medication non-adherence	Abhishek Sharma
	Forced Conception & its Impact on Maternal Health : A Study of the Women’s Bodies and Agency in Jhabua, Madhya Pradesh	Ayush Kushwaha
	Conditional Inference Trees: An innovative approach for investigating the connection between Fall incidents and Depression among Indian older adults	Aditi



	Rise in traditional contraceptive method use in India: Driving factors, Challenges and Opportunities.	Sana Ashraf
	Examine the pattern of healthcare utilization and associated factors among older migrants in India: Does migration have any disadvantage to using healthcare services in later life?	Vasim Ahamad
	Women's Health in a Patriarchal Society	Baby Pradhan
	Patterns and Determinants of Gestational Weight Gain in Rural and Urban India	Mugdha Deshpande
	Identifying the varying risk factors of early childhood mortality & impact of preceding birth intervals across India: A comparative survival analysis between the EAG and the South-Indian states	Ritankar Chakraborty
	Impact of Sustainable Energy on Social and Economic determinants of Health Outcome: A pilot study of North Karnataka District	Veeresh Tadahal
	Carriers or Vulnerable? Public healthcare services among interstate migrant workers in Kerala	Vijeesh M
	Gynecological Morbidity, Intimate-Partner Violence and Treatment-Seeking Behaviour in India	Devikrishna N B
18:00-19.00 hrs	<b>General Body Meeting</b> (Life Members of IASSH only) <b>Venue:</b> Conference Hall 1, Ground Floor	
20:00-21:00 hrs	<b>Dinner :</b>	
<b>Friday, 02<sup>nd</sup> Feb 2024</b>	<b>Day III</b>	
10:00-11:00 hrs	<p><b><i>Ninth Dr. K. E. Vaidyanathan Memorial Lecture</i></b>  <b><i>Speaker: Dr. Manju Rahi (Director, ICMR-VCRC)</i></b>  <b><i>Title: Gendering of Health Outcomes: The Case of Vector Borne Diseases</i></b>  <b><i>Chair: Prof. B. B. Mohanty (Dean, School of Social Sciences, PU)</i></b>  <b><i>Co-chair : Prof. S. Siva Raju (Former President, IASSH)</i></b>  <b><i>Vote of Thanks: Dr. Pragya Tiwari Gupta</i></b>  <b><i>Venue: J N Auditorium</i></b></p>	
11:00-11:30 hr	<b>Tea Break:</b>	
11:30-13.00 hr	<p><b>Valedictory Session:</b>  <b>Welcome: Prof. P. M. Sandhya Rani</b> (General Secretary, IASSH)  <b>Presidential Address: Prof. Clement Sagayaradja Lourdes</b> (Director, Culture and Cultural Relations, PU)  <b>Valedictory Address: Dr. Rakesh Aggarwal</b> (Director, JIPMER)  <b>Declaration of Awards: Prof. T. V. Sekher</b> (President, IASSH)  <b>Vote of Thanks: Prof. C. Aruna</b> (Conference Convener)  <b>Venue: J N Auditorium</b></p>	
13.00-14.30 hr	<b>Lunch:</b> Distribution of Certificates and Travel Reimbursements (Registration Desk)	
<b>End of Day III</b>		

## Message from the Vice Chancellor, Pondicherry University



It gives me great pleasure to extend a warm welcome to all delegates and participants of the conference 'Gender, Health and Sustainable Development: Global and National Perspectives.' Health and well-being, is an important parameter of holistic development of any nation and the 'Sustainable Development Goals' consider it as one of its major objectives. In alignment with it, India has recognized the importance of good health and wellness and initiated several policies for the overall development. Institutions of higher education in India have a major role to discuss-debate, innovate and more importantly disseminate this knowledge. The conference is a timely theme reflecting our commitment to sustainable development. I am happy to note that Pondicherry University over the decades has been serving as a conduit of knowledge transmission and the Department of Sociology with its teaching and research expertise in the field of gender and health has been doing a commendable work on the key themes.

I congratulate the Department of Sociology for their initiative in organizing this conference. My appreciations to the Indian Association for Social Sciences and Health for joining hands to host their 19th Annual Conference at Pondicherry University. I am sure, you will have vibrant academic discussions at the conference and relish the cultural heritage of Pondicherry.

My best compliments to the organizing team and wish the conference a grand success.

### **Prof. K. Tharanikkarasu**

Vice - Chancellor (i/c)

Pondicherry University, India.

Pondicherry, Pin- 605014

E-mail: [vc@pondiuni.edu.in](mailto:vc@pondiuni.edu.in)

## Message from the President, IASSH



Indian Association for Social Sciences and Health (IASSH) is a vibrant professional association with more than 1300 life members. It has played an important role in bringing together social scientists working in the field of health and development. Through annual conferences, workshops and publications, IASSH reaches out to large number of scholars, researchers, NGOs and health practitioners in India and abroad.

It is important for social scientists working in this field to debate and discuss the possibilities for evolving suitable mechanisms to interlink research, practice and policy. The conference provides much needed platform for researchers to present their views and ideas, thereby, making significant contributions towards a better understanding of the inter-relationship between health, gender, well-being, and socio-economic development.

One of the goals of IASSH is to encourage youth participation in knowledge transfer in social sciences and health research. As you will see, a large number of participants in this conference are young researchers and PhD scholars. We are grateful to Pondicherry University for hosting the conference and the workshop this year.

I extend my warm greetings to the members of IASSH and participants of this conference, and wish you all very productive deliberations.

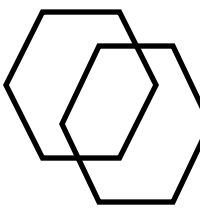
### **Prof. T.V. Sekher**

President, Indian Association for Social Sciences and Health (IASSH)

Professor & Head, Department of Family & Generations,

International Institute for Population Sciences (IIPS) Mumbai, India. Pin-400088

Email- [tvsekher@iipsindia.ac.in](mailto:tvsekher@iipsindia.ac.in)



## Message from the Convenor, Organizing Committee



It is my privilege and honour to welcome you all to the conference '*Gender, Health and Sustainable Development: Global and National Perspectives*' to be held from 31st Jan - 2nd Feb 2024. As social scientists, we have been trained over the years to comprehend the power relations in society that creates asymmetries and inequalities of all kinds. We understand the intersectionality of the 'social' and how identities and social locations affect life chances. The structures and practices that maintain the status quo in society reproduce the hegemonic and dominant ideologies over generations. Development therefore has not been for all and is extremely skewed. An important parameter of development is health and well-being. The withdrawal of the welfare state and the domination of the neoliberal markets have meant that important sectors such as health, education, access to food, social security have taken a hit. In the recent decades, sustainable development is the core concept and guiding principle of the global and national development agenda. Despite significant economic progress, India has faced challenges of equity and lack of access to quality health services, particularly in rural areas. Given the challenges faced by its large and diverse population, the goal of SDG 3, 'Good health and well-being' is particularly important for India. The centrality of gender equality, health issues, empowerment and rights of marginalized groups are key aspects to sustainable development. Though women have higher life expectancy, lower health quality during the life course is a matter of concern. In a conservative and traditional milieu where regressive cultural forces constrain access to health services, the state and communities have a larger role to play. The department of Sociology, Pondicherry University has been actively organizing many conferences and seminars since its inception. This year in keeping with the theme health and well-being (SDG 3) the Department of Sociology, in collaboration with the IASSH organizes the conference titled '*Gender, Health and Sustainable Development: Global and National Perspectives*'. The conference aims to bridge the researchers working in academia and other professions to share and enhance the knowledge in the area. On behalf of the department and on my own personal behalf, I cordially invite all participants to the conference.

### **Dr. C. Aruna**

Professor & Head, Dept. of Sociology, Pondicherry University  
Pondicherry - 605014, Email: [aruna.chinnappan@gmail.com](mailto:aruna.chinnappan@gmail.com)





## Conference Theme

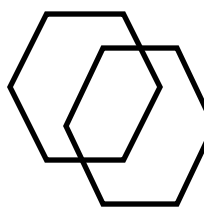
### **Gender, Health & Sustainable Development: Global and National Perspectives**

#### **Background:**

Given the issues concerning the health status, behaviour and health care system in India, there is a need to critically analyse various inter-connected issues pertaining to gender, health & sustainable development, with a view to develop useful perspectives and approaches. It is important for social scientists working in this field to debate and discuss the possibilities for evolving suitable mechanisms to interlink research, practice and policy. The conference provides much needed platform for researchers to present their views and ideas, thereby, making significant contributions towards a better understanding of the inter-relationship between health, gender, well-being and socio-economic development. A healthy population is an important foundation of sustainable development, contributing to inclusive growth in the country. Despite some progress in last few decades, the human development index of the country highlights the need to take actions for health promotion and disease prevention among different demographic segments of population, especially among the disadvantaged groups. The investments and interventions in health and health infrastructure are critical to accelerate progress towards the SDG goals and break the inter-generational cycle of poverty in India. The IASSH conference is a leading forum for exchanging insights and experiences on different emerging issues in health and social sciences to address the challenges of achieving adequate and affordable health care in India. Professionals from diverse backgrounds are coming together to advance knowledge and understanding by debating health issues.

#### **Sub-Themes:**

- S1: Health and Wellbeing**
- S2: Health, Gender, and Environment**
- S3: Health Programs and Development Policies**
- S4: Health and Development: Research and Policy**





## **Technical Sessions:**

### **S1: Health and Wellbeing**

- T1: Public Health, Water and Sanitation
- T2: Ageing, Health and Wellbeing
- T3: Reproductive and Child Health
- T4: Health and Epidemiological Transition
- T5: Social and Economic Determinants of Health
- T6: Sociology of Health: Contemporary Trends

### **S2: Health, Gender, and Environment**

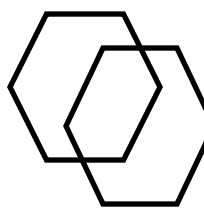
- T7: Linkages between Health and Environment
- T8: Gender Dimensions in Healthcare
- T9: Gender Equality and Sustainable Development
- T10: Gender-Based Violence and Health Implications
- T11: Fertility and Family Planning

### **S3: Health Programs and Development Policies**

- T12: Promoting Indigenous Systems of Medicines
- T13: Health Policies, Programs and Technology
- T14: Healthcare Systems and Management
- T15: Health Expenditure and Insurance
- T16: National Health Missions: Area's and Actions

### **S4: Health and Development: Research and Policy**

- T17 Health Sector Reforms in India
- T18: Research Ethics and Health
- T19: Urban Health, Migration and Epidemics
- T20: Mental Health, Issues, Challenge and Intervention
- T21: Food and Nutrition Security
- T22: Health and Human Rights
- T23: Health Information Systems and Data
- T24: Health and Corporate Social Responsibility (CSR)



## Conference Organizing Committee

### President

**Prof. T. V. Sekher**

International Institute for Population Sciences, Mumbai

### General Secretary

**Prof. P. M. Sandhya Rani**

Tata Institute for Social Sciences, Mumbai

### Vice- President

**Dr. V. Selvaraju**

Health Economist, New Delhi

### Treasurer

**Dr. Manoj Alagarajan**

International Institute for Population  
Sciences, Mumbai

### Former President

**Prof. C. P. Prakasam**

International Institute for Population  
Sciences, Mumbai

### IASSH Secretariat

International Institute for Population Sciences, Mumbai-400088

Web: <http://iassh.org> Email: [iassh2004@gmail.com](mailto:iassh2004@gmail.com)

## Pondicherry University

### Prof. K. Tharanikkarasu

Vice-Chancellor (i/c)  
Pondicherry University

### Prof. Rajneesh Bhutani

Registrar (i/c)  
Pondicherry University

### Prof. B. B. Mohanty

Dean, School of Social Sciences &  
International Studies, Pondicherry  
University

### Prof. C. Aruna

Conference Convener &  
Head, Dept. of Sociology, Pondicherry  
University

### Conference Co-Conveners:

Prof. K. Gulam Dasthagir  
Dr. Vishal Jadhav  
Dr. Imtirenla Longkumer

Prof. Pradeep Kumar Parida  
Dr. Mansy M

### Contact Details

Department of Sociology, Pondicherry University  
Kalapet, Puducherry, Pin- 605014

Email: [socpu2024@gmail.com](mailto:socpu2024@gmail.com) Web: <https://www.pondiuni.edu.in>

## 1. About IASSH

The Indian Association of Social Sciences and Health (IASSH) is a registered society affiliated to the Asia Pacific Network (APNET) of the International Forum of Social Sciences and Health (IFSSH) with secretariat in Istanbul, Turkey. The major objectives of IASSH are to bring together scientists, research scholars, practitioners, and policy makers from various disciplines in one forum to explore and work in the areas of social and cultural dimensions of illness, health and health care in the country, to strengthen networking with similar organizations in India and abroad, linking social scientists, health scientists, health activists and policy makers and to initiate measures to evolve an equitable health care system in the country through appropriate and affordable health sector reforms.

### *Vision*

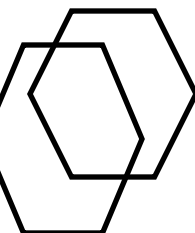
- To position IASSH as a knowledge transformation organisation in Social Science and Health Research

### *Goal*

- To encourage YOUTH participation and develop knowledge transformation in Social Science and Health Research
- To attain Sustainable Development in capacity building of Youth in Social Science and Health Research leading to growth of IASSH family

### *The Aims and Objectives of the Association are as follows:*

- To bring together scientists, practitioners and policy makers from various disciplines to one forum to explore and work in the areas of social and cultural dimensions of illness, health and health-care in the country.
- To encourage mutual and collective efforts to develop, promote and apply health social sciences to improve health via inter-disciplinary and trans-disciplinary approaches.
- To access current state and best practices in relation to application of social sciences in health.
- To strengthen networking with other sub-regional, regional and trans-regional organizations linking social scientists, health scientists, health activists and policy makers.
- To organize seminars, workshops and conferences to enable sharing of research results and experiences relating to social aspects of health.

- 
- To disseminate new theories and innovative inter-disciplinary and trans-disciplinary approaches for understanding and addressing emerging health problems.
  - To initiate steps to evolve an equitable health care system in the country through appropriate and affordable health sector reforms.
  - To publish books, journals and such other literature, which would promote the dissemination of knowledge in the field of health social sciences.
  - To enable scholars in health social sciences to enlarge their career opportunities and fulfil their professional commitments.

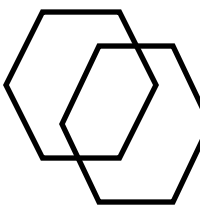
For more details, please visit IASSH website: <http://iassh.org>

## **2. Department of Sociology, Pondicherry University**

Pondicherry University is a Central University established by an Act of Parliament in October 1985. The University is located on the ChennaiPuducherry East Coast road at Kalapet, 10 kms from the town of Puducherry, in a serene and beautiful campus of 800 acres adjoining the scenic Bay of Bengal. It is an affiliating University with a jurisdiction spread over the Union Territory of Puducherry, Lakshadweep and Andaman and Nicobar Islands, and has satellite campuses at Karaikal and Port Blair.

The Department of Sociology was established in 1993. Since its inception, the department has focused on understanding the complexities of modern social life through the application of advanced sociological theories and methods within an interdisciplinary framework building upon the traditions of the discipline. The department specializes in core areas of Development Sociology including gender, health, environment, political economy, and social mobility. The faculty as well as students are drawn from different parts of the country representing cultural diversity.

For more details, please visit website: <https://www.pondiuni.edu.in>





## 7<sup>th</sup> Prof. John Caldwell Memorial Lecture

By

**Dr. Soumya Swaminathan**

31<sup>st</sup> Jan, 2024 at 11:30 AM

Convention-cum-Cultural Centre, Pondicherry University

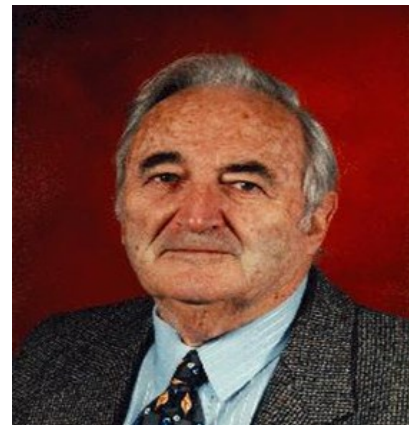
on

### “Lessons from the Pandemic for Science and Public Health”



**Dr. Soumya Swaminathan**, currently chairperson of Dr. M. S. Swaminathan Research Foundation, served as WHO's Chief Scientist and Deputy Director-General for Programmes. In her role as the inaugural Chief Scientist, she established the Science division, emphasizing research, quality assurance of norms, and digital health. With over 30 years of experience in clinical care and research, Dr. Swaminathan is globally recognized for her work on tuberculosis and HIV. Previously, she held the position of Secretary to the Government of India for Health Research and Director General of the Indian Council of Medical Research from 2015 to 2017. During this time, she prioritized integrating science and evidence into health policy-making and fostering research capacity in Indian medical schools. Dr. Swaminathan's contributions extend to her role as Coordinator of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases from 2009 to 2011.

**Professor John Caldwell's** seminal work includes documentation of the role of mother's education in fertility limitation and child mortality decline, and the role of circumcision in inhibiting the spread of HIV/AIDS in Africa. He is known for his "wealth flows" theory, which relates demographic transition theory to changes in intergenerational transfers within the family. A 2009 survey of nearly 1000 demographers worldwide named John Caldwell the most influential researcher of all time in the field of demography. In 1985, the Population Association of America (PAA) presented him with its highest prize, the Irene B. Taeuber Award for excellence in demographic research. In 1994, he began an elected four-year term as President of the International Union for the Scientific Study of Population (IUSSP), and, in 2004, he was presented with the prestigious United Nations Population Award. These are the three highest international honours in the field of demography and no other person has won all three of these awards. Dr. Caldwell's anthropological demographic work on south India, particularly on marriage and fertility, received lot of research attention. He encouraged and mentored many scholars from India, and good number of them received their Ph.D. from Department of Demography at Australian National University (ANU) under his able guidance. He passed away on 12th March 2016 in Canberra at the age of 87. Upon request from his students, colleagues and friends, Indian Association for Social Sciences and Health (IASSH) instituted an annual memorial lecture in honour of Dr. Caldwell in 2016.



## 9<sup>th</sup> Dr. K. E. Vaidyanathan Memorial Lecture

By

**Dr. Manju Rahi**

2<sup>st</sup> Feb, 2024 at 10:00 AM

J. N. Auditorium, Pondicherry University

on

**“Gendering of Health Outcomes: The Case of Vector Borne Diseases”**



**Dr. Manju Rahi**, a clinician by training, is Scientist-'G' and Director at ICMR - Vector Control Research Centre, Puducherry. She did her MD in Community Medicine and post-graduate diploma in Epidemiology from Government Medical College, Miraj, Maharashtra and Public Health Foundation of India respectively. She is a nodal person for implementing research schemes on a number of vector-borne diseases like malaria, lymphatic filariasis, visceral leishmaniasis and zoonoses. She also works closely with various overseas partners (London School of Hygiene & Tropical Medicine, Bill & Melinda Gates Foundation, World Health Organization, Monash University and others) in order

to improve Indian biomedical research ecosystem. She is steering many research programmes having policy implications in above mentioned research fields.

**Dr. K. E. Vaidyanathan**, a distinguished demographer and former President of IASSH served the United Nations in various capacities. He was a faculty at the International Institute for Population Sciences, Mumbai, during 1968-1971. In 1971, he joined the Institute of Rural Health and Family Planning, Gandhigram, as Head of the Department of Population Studies and also served as its acting Director for some time. Later he joined the UN system as a Demographer in Cairo Demographic Centre, which is the regional centre for Africa and the Middle-East. In 1976 he moved to Syria as an UN Adviser to help establish the Centre for Population Studies and Research and to advice the Planning Commission of Syria. This was followed by a posting in Kampala, Uganda to serve as a faculty in the Institute of Statistics and Applied Economics in Makerere University, Kampala. In 1979 he became the UNESCO Regional Adviser for Population Education in the Arab region, and in 1982 he moved to ILO as the Regional Expert for Household Surveys under the National Household Survey Capability Program (NHSCP) in the Arab region. He later served during 1992-96 as the Chief Technical Adviser for the Sudan Population Census of 1993, which was acclaimed as the most successful census ever held in that vast and complex country. In 2001 he helped plan and implement the Living Standards Measurement Survey (LSMS) in Bosnia-Herzegovina. Dr. Vaidyanathan passed away in 2014 at Bangalore.





## IASSH Office Bearers (2023-25)

**Prof. T. V. Sekher** (President)

**Dr. V. Selvaraju** (Vice President)

**Prof. P. M. Sandhya Rani** (General Secretary)

**Dr. Malika B. Mistry** (Joint Secretary)

**Dr. Manoj Alagarajan** (Treasurer)

### **The Executive Committee Members:**

Prof. R. Nagarajan

Prof. R. Maruthakutti

Prof. T. B. Singh

Dr. Ramna Thakur

Dr. P. Thiagarajan

Dr. Pragya Tiwari Gupta

Dr. Dipti Govil

Dr. Ranjan Prusty

Prof. S. Siva Raju (former President, IASSH) ex-officio

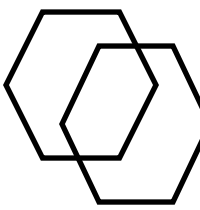
### **Members of the Board of Trustees:**

Prof. C. P. Prakasam

Prof. A. K. Sharma

Prof. K. N. M. Raju

Prof. N. Audinarayana





## Twelfth Pre-Conference Workshop

On

### Qualitative Analysis and Software

29th -30th January 2024

The pre-conference workshop will be held during 29th -30th January 2024 at Department of Sociology, Pondicherry University. In order to train the young research scholars, IASSH has initiated the Pre-Conference Workshop from the year 2010 onwards. Topics Covered in the Pre-Conference Workshop are to provide hands-on training in the applications of ATLAS.ti and NVivo software in qualitative research. Transcription of qualitative data; Analysis of Qualitative Data coding, memos, relationship; Data Management using ATLAS.ti and NVivo software; Reporting and presentation of qualitative findings. Forty-five young researcher are registered for the workshop.

#### Resource Persons:

**Dr. B. Madhusoodhana**

Senior Program Officer

Population Council, New Delhi

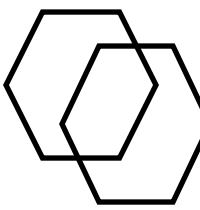
Email: [mbattala@popcouncil.org](mailto:mbattala@popcouncil.org)

**Dr. Manas R. Pradhan**

Assistant Professor

International Institute for Population Sciences, Mumbai

Email: [Manas.pradhan@iipsindia.ac.in](mailto:Manas.pradhan@iipsindia.ac.in)



## Best Publication Awards for Young Researchers- 2022

To encourage academic scholarship and quality scientific publications in social sciences and health studies, IASSH invited applications from young researchers to submit their recent journal publications for the consideration of Best Publication Awards. Based on our announcement in Aug. 2023 for the best publication awards, we received 31 applications. A screening committee first scrutinized the applications for the eligibility criteria like age (below 35 years), year of publication (2022), single / first author of the paper, etc. and shortlisted 22 applications/papers for the assessment of the Selection Committee. The Selection Committee consisting of four experts reviewed the shortlisted papers and recommended three young researchers for the award, though it was a difficult choice to select three from many high quality publications in reputed journals. The winners will receive a Certificate and cash prize of Rs. 25,000 each.

The Selection Committee consisting of four experts reviewed the shortlisted papers and recommended three young researchers for the award, though it was a difficult choice to select three from many high quality publications in reputed journals. The winners will receive a Certificate and cash prize of Rs. 25,000 each.

### The winners are:

1. **Dr. Sayani Das**, Indian Statistical Institute (ISI), Kolkata, for the paper- “Cognitive frailty among community-dwelling rural elderly population of West Bengal in India”. *Asian Journal of Psychiatry* (2022). <https://doi.org/10.1016/j.ajp.2022.103025>

2. **Dr. Rajeshwari A. Biradar**, KLE University, Belgaum, Karnataka, for the paper- “Association between poverty and anaemia among mother–child pairs in India”. *Children and Youth Services Review* (2022). <https://doi.org/10.1016/j.chilyouth.2022.106719>

3. **Mr. Ali Abbas Rizvi**, International Institute for Population Sciences (IIPS), Mumbai, for the paper- “Vaccination coverage among older adults: A population-based study in India”. *Bulletin of the World Health Organization* (2022). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9178419/pdf/BLT.21.287390.pdf>



# IASSH 19<sup>th</sup> Annual Conference

## Selected Papers for ORAL Presentations

S No.	Name	Title of Research Paper
1	Dr. Sumit Kumar Das	Why do Indian urban adolescents have higher cognitive abilities? - A study from the state of Andhra Pradesh, India
2	Dr. Ranjan K Prusty	Association between Marital Duration and Initiation of Intimate Partner Violence in India
3	Dr. Surendra K	Causes of Domestic Violence against Women in India
4	Dr. Vijaya Khader	Combating malnutrition among vulnerable groups (Goal-2)
5	Dr. Harihar Sahoo, Dr. Dipti Govil, Dr. Srei Chanda, Dr. K.S. James	Life satisfaction and psychosocial wellbeing among elderly living alone in India
6	Dr. Snigdha Banerjee	Impact of COVID-19 pandemic and lockdown on the health condition of migrant workers in India: A systematic review
7	Yasir Ashraf, Mrinalini S, Mr. Kasi Dharan T	A Qualitative Research Approach on Health Status of Scheduled Tribes in Pachamalai Hills of Salem District
8	Dr. Manas Ranjan Pradhan	A district-level geospatial analysis of the availability of improved Water and Sanitation among Tribal households in India
9	Tamilselvi Kaliyamoorthi	Case Study on Linkage Between Health and Environment in "Meyvazhi Salai" village in Tamil Nadu
10	Dr. Hariom Pachori, Dr. Ranjan Kumar Sahoo, Dr. Avinash Sharma, Dr. B. Das	Disparities in Mental Health Services Utilisation Across Caste and Gender: A Retrospective Study from Tertiary Care Facility of Eastern India
11	Geetha Jeganathan, Sampath kumar Srinivasan, Pitchaimani Govindharaj	Decision Making of Rural Women on Fertility in Tamil Nadu, India
12	Shubham Ranjan, Dr. Ramna Thakur	What influences cancer patient's mental wellbeing? An analysis with structural equation modelling
13	Monirujjaman Biswas	Examining the linkages between maternity services and postpartum modern contraceptive adoption among young women in India: Insights from the 2015-16 and 2019-21 National Family Health Survey
14	Dr. Strong P Marbaniang, Holendro Singh Chungkham	Latent Class of Multidimensional dependency in Community-Dwelling Older Adults: Evidence from the Longitudinal Ageing Study in India.
15	Dr. Sateesha Gouda M, Dr. A.G. Khan	The Role of CSR in Promoting Preventive Healthcare and Wellness Programs in India
16	Dr. Rupali M. Tamuly, Dr. Pranab Mukhopadhyay	Disability, Morbidity and Household Consumption Expenditure: A panel data analysis
17	Sonali Smriti Biswas, Dr. Bikramaditya K Choudhary	Bleed in a Beaker: Usage of Menstrual Cups in Selected Cities in India

S No.	Name	Title of Research Paper
18	<b>Dr. T. Pugalenth, C. David</b>	The Impact of Covid-19 on Social Stigma among Migrant Workers in Chennai District, Tamil Nadu
19	<b>Dr. Sanjit Sarkar, Mriganka Dolui</b>	Exposure to Cooking Fuels and Association with Heart Disease among Women in India: A Geographical and Social Disparity in India
20	<b>Ali Abbas Rizvi</b>	Exploring Gender Disparities in Leisure-Time Physical Activity among Older Adults in India: Insights from WHO SAGE Data
21	<b>Dr. Ravisankar Athimulam Kulasekaran</b>	Domestic Violence and its Predictors among Different Social Groups of Women: An Investigation in Selected States of India
22	<b>Dr. Malika Mistry</b>	Differentials in the Reproductive Health of Women in India by Religion: Evidence from NFHS-5 (2019-21)
23	<b>Dr. Ankit Kumar Jha</b>	A Qualitative study of health seeking behaviour to identify the barriers in utilization of healthcare services by indigenous of Gumla, Jharkhand
24	<b>Dr. Dhananjay W. Bansod, Raghunath Mandi</b>	Does Promoting Psychological Well-being lead to a Healthy Ageing in India?: Evidence from LASI
25	<b>Dr. Sharmistha Bhattacharjee</b>	Health Challenges faced by Rural women entrepreneurs in small business: Case studies from three villages near Santiniketan, Birbhum, West Bengal
26	<b>Dr. K Gulam Dasthagir, Jafar K</b>	Feminization of Sickle Cell Anemia: A Sociological Diagnosis of Maternal Morbidity and Mortality among Kurumbar in Kerala.
27	<b>Dr. S Rajendran</b>	Breakfast Scheme for Primary Students in Tamil Nadu – Panacea for Health Development
28	<b>Dr. Ramesh Athe, Rinshu Dwivedi</b>	Evaluating the knowledge, attitude, practice and probable health impact of doping and dietary supplements in Indian Sports- a systematic review
29	<b>Dr. Suresh Jungari</b>	Prevalence, factors and utilization of AYUSH and Traditional Medicine among Older adults in India: Issues & challenges in achieving integration of health systems and mainstreaming complimentary medici
30	<b>Dr. R. Arul Selvan, Dr. S.Suriya</b>	Gender and Obesity: Restriction on Women in Public Spaces
31	<b>Jitender Prasad</b>	Social Capital and Women's Ability to Receive Better Healthcare Services: Findings from LASI
32	<b>Dr. Nandita Saikia, Dr. T R Dilip, Dr. Kauslendra Kumar, Pratik Neve</b>	Community experiences and challenges to registrar deaths in Civil Registration System in India: Findings from a primary qualitative survey in Assam, Kerala, and Maharashtra
33	<b>A.H. Sruthi Anil Kumar, Dr. T.V. Sekher</b>	Balancing Responsibilities: A Review on the Health and Well-being of Women Caregivers in Multi-Generational Households
34	<b>Dr Sarang Pedgaonkar, Dr Abhishek Singh, Aditi, Trupti Meher</b>	Economic variation in trends and patterns of malnutrition among women in India

S No.	Name	Title of Research Paper
35	<b>Dr. Pazhani Murugesan</b>	Maternal and Child Health Services in India: A Study of National Family Health Survey
36	<b>Samhita Chaudhuri</b>	Indigenous Systems of Medicines of India: Status of Inter-Generational Knowledge Transfer
37	<b>Dr. William Joe, Komal Ahluwalia, Anirudhan P Edathil</b>	Health System Resilience and Equity in India: Dynamics of Institutional Births During COVID-19 Pandemic
38	<b>Dr. Satyajeet Nanda, Ms. Apratyasita Tripathy</b>	HMI (Human-Machine Interaction) and Population Health: Evidence from SLR based study on 'Digital Fatigue'
39	<b>Dr. Aditya Singh, Mahashweta Chakrabarty</b>	Spatiotemporal Change in Socioeconomic Inequality in Hygienic Absorbent Use Among Adolescent Women in India During 2015-21
40	<b>Dr. Bal Kishan Gulati</b>	To estimate the gain in life expectancy at birth after partial and complete elimination of a specific cause of death in India: An analysis of MCCD Data
41	<b>Dr. Kailash C Das, Dr. Archana K Roy, Kokila Shetty</b>	Navigating the Health and Nutrition Challenges of Children Among Seasonal Migrant Communities
42	<b>Prashant Bhandarkar, Priti Patil</b>	Sociodemographic determinants of cancer screening uptake among women in India- A secondary analysis of the national family health survey-5
43	<b>Dr. M. Raviprakash</b>	Nutritional Status of Mother and Children in Cuddalore : A Study
44	<b>Dr. Kh. Bimolata Devi</b>	Current Contraceptive Use among Married Women in Bihar
45	<b>Dr Mohd Usman</b>	Exposure to Intimate Partner Violence and its association with Undernutrition among women in India: A Fresh Evidence from Indian Demographic and Health Survey
46	<b>Dr. T.B. Singh, Prince Kumar Patel</b>	Risk factors of STIs among clinically suspected cases attending OPD of a tertiary care hospital of Eastern Uttar Pradesh
47	<b>Dr. Anitha C Rao, Dr. Rajendra K</b>	Awareness and Perceptive of Adolescent Girls Regarding Polycystic Ovarian Syndrome Residing in Rural Area
48	<b>Dr. Saman Afroz</b>	Malnutrition amongst Adivasis: Exploring the myths and realities
49	<b>Dr. Jagannath Behera, Gita Naik</b>	Does Anganwadi impact on the nutritional status of Scheduled Tribe Children in Odisha?
50	<b>Anjani Kumar Mishra</b>	Health and Working Conditions of E-Waste Workers in India
51	<b>Ambady Sivan, Dr. R Lusome</b>	Duration of elderly living with non-communicable diseases and their work participation
52	<b>K. Maheswari</b>	A Study on Antenatal Care of Working and Non-Working Married Women in Kattumanar Koil Taluk
53	<b>M. Rejoyson Thangal</b>	Polycystic Ovarian Syndrome (PCOS): Reproductive Health and Marital Anxiety
54	<b>Dr. S. Prathiban, Mr. Samuel Ebenezer, Kaisolo Pazhiini,</b>	Impact of Anemia intervention on Knowledge Attitude and Practice of Government School Students in Madurai: A longitudinal study

S No.	Name	Title of Research Paper
	<b>Dr. C.Elancheliyan</b>	
55	<b>Dr. Rajeev Kumar Singh</b>	Violence and Insecurity among Dalit Women: A Study of Mahendragarh District of Haryana
56	<b>Dr. M N Megeri, Pooja R Pagad</b>	Estimation of Urban population in different regions of India : Application of Pareto law
57	<b>Dr. A. Puvi Lakshmi</b>	Assessing the Quality of Life among Transgender in Chennai City
58	<b>Aparna Nanda, Ashitha Vijayan, Allen P Ugargol</b>	Geriatric Mental Health Needs: A critical evaluation of current mental health policies for older adults in India.
59	<b>Dr. Dipti Govil, Manish Lekhwani, Dr. Kaushlendra Kumar</b>	Changes in Hedonic and Eudaimonic Well-being in the Late Life in India: A Panel Data Analysis
60	<b>Dr. M Thamilarasan</b>	Water and Sanitation in Rural Tamil Nadu- A Sociological Study
61	<b>Dr. S. Vasuki</b>	General Gynaecological Problems among the Rural Women in Tamil Nadu- A Study in Chidambaram Area of Cuddalore District.
62	<b>Dr. Rajaratnam Abel, R Rajapandian</b>	Community Owned Quality and Affordable Health Care
63	<b>Dr. R Lusome, Gopika J Sankar</b>	Help seeking behavior of women who experienced domestic violence
64	<b>Dr. Md. Juel Rana</b>	Underreported, Unmeasured, and Untreated Diabetes in India: Evidence from National Family Health Survey, 2019-21
65	<b>C. Kanmani, Dr. N. Audinarayana, Dr. V. Sethuramalingam</b>	Job Performance of Women Police and its Determinants in Madurai District, Tamil Nadu
66	<b>Dr. Angan Sengupta, Priya Gupta</b>	Grandmothers' experience of caregiving to grandchildren staying at their children's place: A study on urban Indian families
67	<b>Dr. Selvaraju Venkatachalam</b>	Financing Health Care of Elderly
68	<b>Dr. Bertrand Lefebvre, Dr. Abhiroop Mukhopadhyay, Vastav Ratra</b>	Hypertension among the Elderly in Rural India: Who Bears the Distance Cost of Public Primary Healthcare?
69	<b>Dr. Indrani Roy Chowdhury, Anusree Paul, Bhawna Taneja</b>	The Unseen Wounds of Anemia and its Implications for Domestic Violence
70	<b>Dr. Y Selvamani</b>	Association between smoke and smokeless tobacco use and low body mass index (BMI) among older adults in India
71	<b>Henry Pearl M, Roshni E, Benson Thomas M, Selvamani Y, Charan K, Sathish Kumar</b>	Post-Traumatic Stress Disorder, Burnout, Depression, Anxiety and Stress among Ambulance Drivers in Tamil Nadu, India: A Comprehensive Analysis
72	<b>Dr. C Kubendran</b>	Indigenous Health Practices of Tribes In Tamil Nadu: With Special Reference to Paliyan Tribes
73	<b>Dr. R. Maruthakutti, R.</b>	Health Status and Social Activities of the Elderly in Rural Setting

S No.	Name	Title of Research Paper
	Hemalakshmi	
74	Dr. T. Sathya	Association between Multimorbidity and Psychological Distress among Older Adults in India: The Moderating role of Elder Abuse
75	Dr. Shobana Karthikeyan	Gender Micro-aggressions and Mental Health Wellness: A Study of Undergraduate and Postgraduate College Students in Chennai, Tamil Nadu.
76	Pankaj Kumar Patel	Rising demographic inequalities and its implication on the political representation in India
77	Dr. Archana K Roy, Manoj Paul, Sourav Mandal,	Does temporary migration to parental house assure pregnant woman a better maternity care?
78	Dr. Gandharva Pednekar, Dr. Purushottam Bhandare	Corporate Social Responsibility and health infrastructure development in Rural India: Understanding the role of Mobile Medical Units (MMUs)
79	Dr. P. John Rajadurai	Assessing the Sociological Impact of the Miyawaki Method on Urban Health and Environment in Chennai, Tamil Nadu, India.
80	Tulsee Giri Goswami, Prakash Giri	Mental Health issues among women in Rural Rajasthan- Suggestive Interventions
81	Dr. A Nedumaran	Revitalizing Education: A Manager's Handbook on Implementing Power Napping Policies for Well-Being in Chennai's IT Hubs.
82	Dr Jang Bahadur Prasad	High Waist-Hip Ratio in Indian couples: A study of the risk of metabolic complications
83	Dr. Rajeshwari Biradar	Pairing domestic violence with men's alcohol use, men's tobacco use, and stunted child in Indian families
84	Dr. Siddhath Acharya	Assessing the Bottlenecks in the Oral Health Delivery System of Vulnerable community Mumbai (M-East Ward)
85	Rizu Gupta, Shahid C	Feminization of Contraception: An analysis of contraceptive practices in India.
86	Dr. A. Shahin Sultana	Increasing Suicides among Young Population in Educational Institutions: A Public Health Crisis
87	Kuzhalvendan S	Effects of Physical Activity on School Children
88	Vaishali Saikia	Maternal Anemia and Mortality of Tea Workers: A Sociological Analysis in the Chai Bagans
89	Dr. J Balamurugan	Mental Health of Older Adults with Parkinson's Disease: The Role of Treatment Methods
90	Ms. Yuva Poornima A	A Socio-Legal research on human organ and tissue transplantation with specific reference to Tamil Nadu
91	Reja Sulaiman, Dr. Mansy M	Reducing Stigma: Mental Illness and Indigenous Healing
92	Dr. D. P. Singh	How did COVID-19 affected migration in India
93	Himanshu Sekhar Pradhan, Prof. (Dr) M Bagavandas	Alcohol Consumption among the Tribal Migrants In Bhubaneswar City, India
94	Dr. Ajit Kumar Kannaujiya	Association Between Contraceptive Use and Interpregnancy Interval in India: Evidence from Pooled Data



## Selected Papers for POSTER Presentations

S No.	Name	Title of Research Paper
1	<b>Anshika Singh, Dr. Aditya Singh</b>	Socio-economic factors contributing to the short birth interval among reproductive-aged women in India: An inequality decomposition analysis
2	<b>Neha Kumari, Dr. Nandita Saikia</b>	Educational attainment plays pivotal role in cognitive functioning of older tribal population in India
3	<b>Aswathy K, Dr. N. Sivakami</b>	Maternal, child, socio-demographic and household factors associated with Under Five Mortality Rate among Scheduled Tribes in India: An Analysis of National Family Health Survey-5 (2019-2021)
4	<b>R. Saravanan, Dr. A.K. Ravisankar</b>	Husband's involvement in birth preparedness: A study among young married men in Tamil Nadu
5	<b>Moslem Hossain</b>	Examining the Role of Women's Healthcare Autonomy on Maternal Health Services among Left-Behind Women in Rural Koch Bihar
6	<b>Dr. Shefali Gupta</b>	Effect of Low-Salt food Cooking Demonstration on Blood Pressure among Patients with Hypertension in Puducherry, South India - A Pre- Post Pilot Intervention study
7	<b>Dr. Parthsarathi Dehury, Ranjit Kumar Dehury, Imteyaz Ahmad</b>	Workers right to provision of Employee State Insurance Scheme (ESIS) and its implementation in steel industry workers with references to their occupational healthcare in Odisha, India
8	<b>Pooja Kalbalia, Dr. Nayan Jyoti Nath</b>	Utilisation and accessibility of healthcare services among gig workers: A systematic review
9	<b>Jhumki Kundu</b>	Gender Differences in Age of Onset in Non-communicable Diseases: Evidence from India
10	<b>Mahadev Bhise</b>	Factors Influencing Comprehensive Knowledge HIV/AIDS and Attitudes towards People Living with HIV among Unmarried Men in India
11	<b>Tamilarasu Sampath, Dr. N R Suresh Babu</b>	Family Dynamics and Caregiving for Individuals with Locomotor Disabilities: A Comprehensive Perspective
12	<b>Ashish Vijaykumar Pardhi, Vahhida Pinjari</b>	Understanding Men's Masculine Attitude towards Women's Roles and Activities in Rural Maharashtra, India: A Cross-sectional Study
13	<b>Rushikesh Khadse</b>	Examining inequality in contraceptive use among the Indian population: Evidence from the national family health survey, 2019-21
14	<b>Alacrity Muksor, Dr. Daksha Parmar</b>	Challenges Faced by Tribal Women in Seeking Diabetes Care: A Qualitative Study from Meghalaya State in Northeast India
15	<b>Fathimath Roobiya NU,</b>	Disparities of Health Infrastructure and Manpower in India (A

S No.	Name	Title of Research Paper
	<b>Dr. H. Yasmeem Sultana</b>	Comparative Study of Urban and Rural Area)
16	<b>Pragati Ubale</b>	Love, Violence, and Mental Health: Navigating the Challenges of Dating Relationships among Young Adults in Mumbai City
17	<b>Amit Kumar Goyal</b>	Sex differences in chronic pain and its treatment among middle-aged and older adults of India
18	<b>Jayapriya. B</b>	The focus of research articles on nutrition and emotional intelligence for upscaling the health of students: A content analysis
19	<b>Abhijit Sambhaji Bansode</b>	Reflections on Understanding the Social and Economic Determinants of Health Status and the future of Health Equity in India
20	<b>Sana Ashraf, Abhishek Kumar, Rajib Acharya</b>	Effect of women self-efficacy and man attitude on contraceptive use
21	<b>Chaitali Mandal, Dr. Murali Dhar</b>	Trends in tobacco use among adults in India
22	<b>Archana Behera</b>	An Assessment of Janani Suraksha Yojana in Rural Odisha: A Sociological study on Awareness, Attitude, and Utilization Patterns
23	<b>Shubham Kumar</b>	Work Satisfaction and Population Mobility: Why Indian Cross-border Workers in Nepal so Satisfied?
24	<b>Urvisha J. Mataliya, Dr. Vijay S. Jariwala</b>	An Analytical Study of District Level Disparities in Nutritional Status of Children and Adults in Gujarat
25	<b>Dr Nayana Mithunrosh, Prof. K Rajasekharan Nayar</b>	Psychosocial Resilience and Quality of Life of Palliative Cancer Patients through Traditional Complementary and Alternative Medicine (TCAM): A Multidisciplinary Exploration
26	<b>Lt. Col. P Thirumal Jayaraj, Dr V Sethuramalingam</b>	Veterans and Health - A Study
27	<b>Aditi B. Prasad</b>	Unveiling the Abortion Landscape in India: Insights from NFHS-5 Data
28	<b>Nand Lal Mishra, Bharti Singh, Shivani Kumaria</b>	Does Access to BPL and Antyodaya Ration Cards Ensure Food Security among Elderly in India
29	<b>Soni Kumari, Deepak Kumar</b>	Socio-economic Behaviour and Livelihood Opportunities of Adolescents and Youth in Bihar
30	<b>Rachana Singh, Dr. Angan Sengupta</b>	Does gender have any impact on the association between birth order and undernutrition among Indian children: An analysis of NFHS-5 Data.
31	<b>Gursimran Singh Rana</b>	Gender Inequality in Unpaid Care Work Time across Generations in Indian Households.
32	<b>Gayathri B, Dr. Mayanka Ambade, Dr. Ramna Thakur</b>	The cost of healthcare and productivity loss associated with cardiovascular diseases among older adults
33	<b>Ajit Kumar Jaiswal, Dr. Manoj Alagarajan</b>	Cost-Effectiveness Evaluation of Public and Private Healthcare Systems in India among Tuberculosis patients

S No.	Name	Title of Research Paper
34	<b>Shreyans Rai, Dr. Sayeed Unisa</b>	Impact of COVID-19 on the Tuberculosis Notification in India
35	<b>Sruthi Ilangovan, Dr. S. Malini</b>	A comprehensive analysis on the menstrual hygiene practices among Rural Women in India with focus on the usage of Sanitary Napkin.
36	<b>Neenumol Babu, Dr Lekha D Bhat</b>	"Quantifying Distress: A Cross-Sectional Analysis of the Quality of Life Among Destitute in the state of Kerala"
37	<b>Sreeparna Chatterjee, Shapna K.P</b>	A Study on Working Class Women & Maternal Health Care in Colonial India: 1920-1947
38	<b>Puja Goswami, Dr T R Dilip</b>	Assessing the Impact of the COVID-19 Pandemic on Healthcare Utilization and Glycemic Control Among Type 2 Diabetes Mellitus Patients in an Urban Indian Community
39	<b>Sampurna Kundu, Dr. Sanghmitra S Acharya</b>	Impact of Premature and Early depletion of ovarian function on Late-life health
40	<b>Itimayee Behera</b>	Gender equality and sustainability through organic farming practices
41	<b>Sangeetha S, Dr. D. Lazar</b>	Health Spending In India
42	<b>Yogita Kharakwal, Prashant Bhosale</b>	Identifying Spatial Clustering and Impact Of Nutrition Schemes on Malnutrition Among Under Five Population in India: Evidences from NFHS 5
43	<b>Subha Arumugam</b>	Gendered Public Space in Women's Mental Health
44	<b>C. Seerangan, Dr. R. Venkata Ravi</b>	Intergenerational Knowledge Exchange in Indigenous Herbal Medicine
45	<b>Mohai Menul Biswas</b>	Labour Force Status, Mental Health Problems and Suicidal Ideation among Higher Educated Migrant Youth: A Study in Kolkata City
46	<b>Sasmita Jena</b>	Age at marriage and exclusive breastfeeding among urban poor women in Metropolitan city of Kokata
47	<b>Arun Kumar M, V. Nirmala</b>	Time Use among the Elderly by Gender in India
48	<b>Anjali Raj</b>	PCOS and the Healthcare System in India: A Gendered Analysis of Women's Experiences
49	<b>Anjaly Baby</b>	Availability of Health Care Facilities to the Urban Resettled Population: A Study of Households in the Resettlement Colonies in Chennai.
50	<b>Arosmita Sahoo</b>	Women's Reproductive choices and bodily challenges in Infertility Treatment: A Sociological Perspective on Assisted Reproductive Technologies (ARTs).
51	<b>Amrutha M, Dr. A Shahin Sultana</b>	Mental Health Support Systems in Higher Educational Institutions In India - Prospects and Retrospects
52	<b>Aboobacker T P</b>	Women Empowerment and Health Progress in India: the State Level Development Experiences.
53	<b>Santhosh Gugulothu, Dr.</b>	Exploring the Impact of Menstrual and Post-Natal Practices on

S No.	Name	Title of Research Paper
	Vijay Korra	Women's Health and Well-Being: An Empirical Study of Tribal Communities in Telangana
54	Karuna Kurien	Voluntary Workers in the Public Healthcare System: Acknowledging the Need to Integrate Accredited Social Health Activists (ASHAs) into the Formal Sector
55	Tamil Aruvi S	Unveiling Health Disparities: A Comprehensive Review of Social and Economic Determinants Among Scheduled Castes and Scheduled Tribes in India
56	Alka Chauhan, Dr. Shri Kant Singh	Cultural and Contextual Drivers of Triple Burden of Malnutrition among Children in India
57	Rinju	Title: Blessing in disguise? Parental Migration and Child Undernutrition in India
58	Rufi Shaikh	Mortality attributable to tobacco and alcohol consumption: A Scoping Review across India over time
59	Manisha Jakhar, Dr. Imtirenla Longkumer	Bhopas: the traditional healers of Rajasthan

### Papers Selected for YOUTH PAPER AWARD Competition

S No.	Name	Title of Research Paper
1	Ayush Kushwaha	Forced Conception & its Impact on Maternal Health : A Study of the Women's Bodies and Agency in Jhabua, Madhya Pradesh
2	Mugdha Deshpande	Patterns and Determinants of Gestational Weight Gain in Rural and Urban India
3	Ritankar Chakraborty	Identifying the varying risk factors of early childhood mortality & impact of preceding birth intervals across India: A comparative survival analysis between the EAG and the South-Indian states
4	Zuvairiya Nassar	The Journey of Motherhood: A Qualitative inquiry on the Maternity experiences of Women with Dwarfism
5	Mahadev Bramhankar	Morbidity transition at the national, sub-national and their determinants over the past and contemporary period in India
6	Dhanya Raj	Forest and Paniya Community:Sustaining Health and Well-being
7	Mriganka Dolui	Socioeconomic Inequality in Minimum Adequate Diet Relating to stunting among Under five years Children in India: Analysis from National Representative Sample Survey (NFHS-5)
8	Sourav Dey	Representational Inequities in Under-five Mortality in South Asian Countries: An Illustration of Relative Disadvantage Index

S No.	Name	Title of Research Paper
9	Suadath V	Healthcare Disparities and the 'Kerala Model': A Sociological Study
10	Akif Mustafa	Assessing the Consequences of Obesity Reduction for Hypertension Prevalence in India: A Discrete-Event Microsimulation Study
11	Twinkle Gurumayum	Ecology, Health and Gender - The case of Ngamee of Loktak Lake
12	Vijeesh M	Carriers or Vulnerable? Public healthcare services among interstate migrant workers in Kerala
13	Devikrishna N B	Gynecological Morbidity, Intimate-Partner Violence and Treatment-Seeking Behaviour in India
14	Aditi	Conditional Inference Trees: An innovative approach for investigating the connection between Fall incidents and Depression among Indian older adults
15	Sana Ashraf	Rise in traditional contraceptive method use in India: Driving factors, Challenges and Opportunities.
16	Vasim Ahamad	Examine the pattern of healthcare utilization and associated factors among older migrants in India: Does migration have any disadvantage to using healthcare services in later life?
17	Baby Pradhan	Women's Health in a Patriarchal Society
18	Rama Prabha N	Tribal people and Health care access in Jawathu Hills, Tamil Nadu
19	Rashmi	Clustering of Multiple Chronic Conditions and Their Geographical Variation in Indian Adults
20	Ananthi M	Menstrual Health and Hygiene of Women Resident Hostel Students in Higher Education
21	Veeresh Tadahal	Impact of Sustainable Energy on Social and Economic determinants of Health Outcome: A pilot study of North Karnataka District
22	Pooja Arora	Level, trend and pattern of Undernourished Father-Mother-Child pairs in India
23	Dimble K Vijayan	Policy Analysis of Indigenous Medicine Regulation and Intellectual Property Protection
24	Abhishek Sharma	India's National Health Mission and the challenge of medication non-adherence
25	Krithi M R	Role of e-Sanjeevani in Delivering Digital Health Care Services: A Study on the Usability and Satisfaction among Hostel Students
26	Rahul Mondal	"Halfway life" as a marker of ageing in a finite stationary population: A new outlook on sustainable population



## Abstracts

### Papers for ORAL Presentation

#### Why do Indian Urban Adolescents have Higher Cognitive Abilities? - A Study from the State of Andhra Pradesh, India

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**Background:** Previous studies suggest a significant difference in cognitive abilities among rural and urban adolescents. With India's substantial adolescent population and a significant proportion residing in rural areas, it is crucial to identify factors contributing to the cognitive gap between rural and urban areas. The purpose of this study is to investigate the rural-urban gap in cognitive abilities among Indian adolescents and identify the factors that contribute to this gap.

**Method:** This study analysed data from 1515 adolescents (mean age = 15 years), surveyed in the state of Andhra Pradesh, India as part of the Young Lives Survey. The outcomes of the study are latent trait scores of three domains (quantitative aptitude, verbal intelligence, and reading ability) obtained using two-parameter logistic model. Bivariate and multivariable analyses were conducted to identify risk-factors contributing to the rural-urban gap in cognitive abilities.

**Result:** Girls (Math:  $Z=6.07$ ;  $p<0.001$ ), adolescents belonging to the Hindu religion (PPVT:  $Z=4.10$ ;  $p<0.001$ ), those who are fully immunized (Reading:  $Z=4.15$ ;  $p<0.001$ ), educated higher than the eighth standard (Math:  $Z=6.06$ ;  $p<0.001$ ), and have no technology exposure (Math:  $Z=6.09$ ;  $p<0.001$ ) show a greater difference in cognitive abilities between rural and urban areas. Adolescents belonging to the lowest wealth tertile in urban areas show lower cognitive abilities than those in rural areas (PPVT:  $Z=1.39$ ;  $p=0.165$ ). After adjusting for risk factors, the difference in cognitive abilities between rural and urban areas was found to be no longer significant in the multivariable analysis (Math:  $p=0.24$ ; PPVT:  $p=0.739$ ; Reading:  $p=0.405$ ). **Conclusion:** This study highlights the importance of identifying and addressing the factors that contribute to the rural-urban gap in cognitive abilities in India. Policymakers can use these findings to design and implement targeted interventions to improve the cognitive abilities of Indian adolescents, both in rural as well as urban areas who may be more vulnerable to these risk factors.

## Life Satisfaction and Psychosocial Wellbeing among Elderly Living alone in India

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**Objectives:** Living alone is both a choice and a compulsion among the elderly in India. The present study tries to analyse the factors affecting the psychosocial wellbeing (i.e. life satisfaction) of the elderly through the mediation of living arrangements. **Methods:** The study used data on the elderly population from the Longitudinal Ageing Study in India (LASI), wave 1 (2017-18). Social, economic, and health indices were used to measure the composite effect on living arrangements and satisfaction through the path analysis. **Results:** The path analysis suggested that economic status influenced the living arrangement of the elderly to a great extent; however, satisfaction with living arrangements was also determined by social status of the elderly. The outcome of life satisfaction goes beyond the simple choice of living arrangement rather satisfaction is derived from living arrangements. **Discussion:** Elderly living alone should be given economic and social security to promote healthy aging and optimum wellbeing.

## Impact of COVID-19 Pandemic and Lockdown on the Health Condition of Migrant Workers in India: A Systematic Review

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**Abstract:** The COVID-19 pandemic and control measures adopted had a disproportionate impact on workers. However, migrant workers were more affected. The present systematic review aims to describe the evidence published on the impact of the COVID-19 pandemic on the physical and mental health of migrant workers in India. English research papers published from 2021 to 2023, which considered health conditions among internal, return, and emigrant workers from India during the pandemic were searched through electronic databases. The keywords such as “migrant workers” “COVID-19 pandemic,” “lockdown,” “mental health,” and “physical health problem” were used to retrieve the published literature for this review paper. A total of 1230 references were extracted, of which 30 papers were included for the systematic review. Few articles were primary research work (n = 5). The second category consisted of editorials/ commentary /letters to the editor/policy paper on the physical and mental health aspects of migrants during COVID-19 (n = 14). The third category of articles was based on secondary sources, including review papers, and online information (n = 11) on health issues among Indian migrants during the pandemic. Most studies (n=24) evaluated migrant worker’s mental health conditions (anxiety, depression, worries, fears, stress, psychological distress, substance use disorders) during the pandemic. Few studies (n=6) emphasized their physical health problems such as the transmission of infection, high prevalence of pre-existing physical health morbidities,

tuberculosis, HIV infections. Studies focused on migrant workers' problems related to shortages of food, unhealthy shelter, lack of health care, fear of getting infected, and loss of wages, making them more vulnerable during the pandemic. There are a limited number of original publications related to the impact of the COVID-19 pandemic on the health of Indian migrant workers. The impact of the COVID-19 pandemic and the lack of healthcare facilities for migrant workers should be further investigated.

### **A Qualitative Research Approach on Health Status of Scheduled Tribes in Pachamalai Hills of Salem District, Tamil Nadu**

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**Background:** Health is an important factor in social development & government has put enormous efforts to improve the healthcare of the tribal sections of the society. **Objectives:** The major focus was to examine the healthcare facilities & to assess the level of awareness on healthcare of the tribal. **Sample:** 342 respondents were interviewed through purposive random sampling technique. **Outcome:** Most of the respondents were in the age group of 36 to 45 years earning less than 3000 rupees. It was narrated that toilet facilities were not available and practice open defecation that had an enormous health and hygiene related complications. During interview regarding health-care they narrated that primary health centre was not functioning properly healthcare workers were irregular although mobile healthcare unit functions normally. During emergencies there was no proper and sufficient treatment provided to the pregnant ladies by the Primary Health Centre. **Suggestions:** Government should provide more preference to the rural tribal health care services. Monthly health camps should be conducted to create awareness among the tribal settlements regarding the existing welfare schemes for tribal development. **Conclusion:** The present study concluded that the socio-economic and health problems faced by the tribes of Pachamalai hills were high. The study found that the most of the issues facing by the tribes include lack of health care services, lack of awareness regarding government schemes.

### **Case Study on Linkage between Health and Environment in "Meyvazhi Salai" village in Tamil Nadu**

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**Abstract:** Healthier environments could prevent almost one quarter of the global burden of disease. The external environment is said to be responsible for millions of preventable diseases originating in it. And most of the studies were having pointed out the connection between the environment and health. Based on this, it was examining the relationship between environment

and health in a village named Meyvazhi Salai village, Pudukkottai District, Tamil Nadu. The data was collected through case study method. This study revealed that the Village Meyvazhi Salai has about 500 thatched houses within a certain boundary fenced with wire. People of this village live simply in thatched houses, without mixers, grinders, TVs, and other appliances that require electricity, but now use solar light for lighting as kerosene is not available. They are belonging above 69 different castes and different religions and they live together, no caste discrimination here and inter-caste marriage easily possible here, they worship the same God regardless of religion. They eat vegetarian food and without the habit of smoking, alcohol, and betel nut. Open defecation totally avoided and they using public toilet, People living here do not use betel nuts, neither do they smoke tobacco, nor do they drink alcohol, people do not even spit within the boundaries of their residence, and they walk barefoot within the boundaries. The surroundings are hygienic, free from foul odours. The garbage is not dumped at the places where it is found, it is separated from biodegradable garbage into non-biodegradable garbage and disposed properly, so that the environment is free from pollution. This study points out that if other villages follow suit, India will achieve the 3rd goal of SDG by 2030.

### **Disparities in Mental Health Services Utilisation across Caste and Gender: A Retrospective Study from Tertiary Care Facility of Eastern India**

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**Abstract:** Introduction: In India mental health service utilisation is still not symmetrical to all sections of the people. Despite significant progress in the field of public health as well as mental health still many people tend to refrain from availing scientific mental health service and treatment modes. There are observable differences in using of tertiary mental health services among people of different castes, gender and socio-economic backgrounds. Aims and objectives: This study is an endeavour to see the Disparities in Mental Health Services Utilisation across Caste and Gender in a tertiary mental health facility located in the Eastern Region of the Republic of India. **Methodology:** This study is retrospective in nature. This study is based on a retrospective analysis of routinely recorded patients' related clinical data collected during 2012 and 2021. Results: In the present study, it was noted that, within the span of 10 years, there is more than 53% increase in patients' registration at OPD level. In the present study, it was noted that, in case of new as well as follow-up cases males have always constituted an overwhelming majority than females. **Conclusions:** In the context of new cases (patients coming to the Institute for the first time), the number of male patients almost doubled during 2012 to 2021 and at the time of follow-up, this difference was seen to further increase to nearly 2½ times.

## Decision Making of Rural Women on Fertility in Tamil Nadu, India

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**Introduction:** Fertility is the ability to produce offspring under natural conditions. Every individual has the right to make their own choices about their sexual and reproductive health. Therefore, this study aimed to assess the decision making of rural women on fertility. **Methods:** A household survey was conducted by using a multi-stage sample with 407 married women aged 18 - 45 years, having at least one child, and living in Tiruchirappalli District, Tamil Nadu were recruited for this study. A semi-structured questionnaire was used to collect data about the demographic status and decision making related to fertility. **Results:** Of the 407 respondents, 70% were aged between 26-40 years, 73% were working as farmers and labourers and 77% were living in a nuclear family. In decision making on the usage of contraception, 25%, 27% and 27% of their decision were taken by themselves, their spouse, and both the respondents and their spouse respectively. In spacing of childbirth, 53% took decisions concurrently with their husband. Among the respondents, 40%, of their intake of food in pre and post-natal periods was decided by them and 44% of women preferred the institutional delivery for childbirth by themselves. **Conclusion:** The study shows that women tended to prefer sharing and involving their spouse in making decisions on fertility related issues. They were more supportive during the pre and post-natal periods of the women.

## What Influences Cancer Patient's Mental Wellbeing? An Analysis with Structural Equation Modelling

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**Background:** Evidence suggests that cancer is on the rise in India. Comprehensive estimates of degree of depression severity (PHQ) among cancer patients do not exist in the country. This study examined the causes of depression (PHQ) in cancer patients through the lens of socio-economic status (SES), exposure to risk factors before (BERF) and after (AERF) cancer is diagnosed, and awareness of risk factors (ARF) among various demographic variables. **Methods:** It was a cross-sectional study which included a total of 1200 patients were interviewed, which included 294 (24.50%) patients from Advanced Cancer Institute, Bathinda and 906 (75.50%) patients from Homi Bhabha Cancer Hospital and Research Center (HBCHRC), Sangrur, Punjab, India. Descriptive analysis, along with partial least squares structural equation modelling (PLS-SEM), was used in the study to test the hypotheses. **Results:** The analysis revealed that SES significantly influence the PHQ of diabetes patients. We found that a 1% increase in cancer patients' SES results in a 0.81% positive change in their PHQ. Also, diabetes patients with higher BERF and ARF were significantly coping with common mental

disorders. Furthermore, with increase in age, AERF and ARF significantly decreasing. BERF as a mediator variable significantly impacting the path from SES to PHQ as well as from SES to AERF. Gender was strongly associated with all endogenous variables, where men reported higher PHQ than women. We found a significant difference in ARF among age group, religion, social category, and marital status. **Conclusion:** An experimental evaluation of the impact of SES, BERF, AERF, ARF and numerous demographic factors on PHQ was reported in our work. The findings will help policymakers better understand the problem associated with PHQ among cancer patients. This study suggests policymakers to conduct a nation-representative survey to validate such association, which will help in reducing PHQ of the patients.

### **Examining the Linkages between Maternity Services and Postpartum Modern Contraceptive Adoption among Young Women in India: Insights from the 2015–16 and 2019–21 National Family Health Survey**

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**Abstract:** The adoption of maternity services and postpartum modern contraception are the two most crucial components that help in reducing maternal and infant mortality; still, India is consistently struggling with it. This paper, therefore, aimed to examine the linkages between the use of maternity services and postpartum modern contraceptive adoption. The required reproductive calendar data were extracted from the 2015–16 and 2019–21 National Family Health Survey (NFHS) datasets. The assessment was based on a sample of currently married women aged 15–24 years who had given most recent childbirth in five years preceding the survey. For the analysis, a time-to-event approach was applied using the Kaplan-Meier survival statistic, Log-Rank Chi-square test and Cox-Proportional Hazard (Cox-PH) models. The results revealed that the proportion of postpartum modern contraceptive uptake among young users increased by 9%, from 33% in 2015–16 to 42% in 2019–21. The Cox- PH models revealed that, in both NFHS waves, the associations between various components of maternity services and postpartum modern contraceptive uptake were strongly significant, even after controlling for selected socio-economic and demographic correlates. The findings of this study reinforced an urgent need for implementing integrated maternal-child health and family planning programmes and for boosting effective family planning counselling by health professionals to promote and motivate young women with a desire to early adoption of modern contraception in subsequent months after a recent childbirth.



**Latent Class of Multidimensional dependency in Community-Dwelling Older Adults:  
Evidence from the Longitudinal Ageing Study in India.**

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**Abstract:** ADL and IADL were mostly used as measures of dependency status among older adults. However, dependency is a heterogeneous and complex issue, and the dependency of each elderly older adult is a synergistic combination of several domains of functional activities. Therefore using only any single dependency measure to understand the complexity and heterogeneity of the dependency of older adults is not sufficient. Hence, a better understanding of the diversity of functional activities may contribute to the knowledge about the heterogeneity of dependency. Our objective is to identify patterns of multidimensional dependency in older adults. Longitudinal data from the Longitudinal Ageing Study in India (LASI) Wave-1, was used, the analytical sample consist of 32827 individuals aged 45 years and above. LCA was used to identify the multidimensional dependency class. LCA was conducted in R statistical package, using the poLCA package. The optimal number of classes was selected based on the comparison of model fit statistics. Independent variables were incorporated to explore the association between these variables and the latent class. Based on nine indicator variables, three latent classes were identified: “Active Older adults” comprised 53% of sample participants, “Moderately independent” comprised 37% of sample participants, and “Psychological and physically impaired” comprised 10% of sample participants. The “Active older adults” profile is comprised of older adults who are having a very low probability of needing help for any ADL, IADL and other activities. The “Psychological and physically impaired”, the smallest of all classes, comprised of individuals with poor dependency status. These findings are key information to the planning and designing of care services and the broadening of assistance to the older population, especially in developing countries with limited resources.

**The Role of CSR in Promoting Preventive Healthcare and Wellness Programs in India**

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**Abstract:** India, the world's most populous and largest democratic country, struggles with a significant disparity in healthcare access. The nation faces daunting public health challenges, including lifestyle-related diseases, insufficient healthcare infrastructure, and limited access to quality services. In this context, Corporate Social Responsibility (CSR) has a pivotal role in advancing preventive healthcare and wellness programs throughout the country. Nearly a decade has passed since the implementation of 'The Companies Act 2013, which mandates profitable organizations to supplement the governmental efforts and engage with the nation's developmental agenda. This legislation has made CSR a cornerstone for corporations,

encouraging their involvement in equitable growth. This research investigates the diverse strategies employed by Indian corporations to promote preventive healthcare and wellness, utilizing data from the 2018 report of the High-Level Committee on CSR released by the Ministry of Corporate Affairs, Government of India. Estimates from the Indian Institute of Corporate Affairs indicate that a minimum of six thousand Indian companies will need to participate in CSR activities to comply with the mandates of the Companies Act 2013. Many of these initiatives mark the first-time involvement of numerous companies, fostering increased community engagement. This surge in CSR initiatives raises hope for a substantial improvement in ordinary citizens' lives and living conditions. A critical necessity for the country lies in establishing institutions to train healthcare professionals capable of serving remote and underserved areas. Remarkably, many small and medium sector enterprises have extended their reach to remote areas, thanks to the impetus provided by 'The Companies Act 2013.' This paper sheds light on these vital findings and proposes further avenues for exploration. It emphasizes the potential for CSR to bridge the healthcare gap, empower communities, and pave the way for a healthier, more equitable India.

### **Disability, Morbidity and Household Consumption Expenditure: A Panel Data Analysis**

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**Abstract:** Households in developing economies risk being exposed to shocks that negatively affect household income, a decrease in consumption or even a loss of productive assets (Dercon et al., 2005). Health shock is among the most critical (Lindeboom et al., 2016) (Lindeboom et al., 2016) since it creates temporary or permanent disability (Mitra et al., 2015) and works at many levels in affecting consumption expenditure. This paper examines the impact of the unanticipated idiosyncratic shock on the household's consumption expenditure. We pose two research questions: 1. what is the impact of idiosyncratic health shocks such as disability on different types of consumption expenditure? 2. What is the impact of disability on socio-economic categories? We have used India Human Development Survey (IHDS) data from 2004-05 and 2011-12 by merging the households and individual observations from two rounds. This merger gives us a panel with 190,047 observations. We created Activity of Daily Living Intensity (ADLI) from the activity of daily living data to measure disability and days disabled due to major morbidity from the data. The regression is executed using STATA 17 with fixed effects and standard errors clustered at villages/ nearest neighbourhoods. Overall, ADLI had a positive and significant influence on monthly consumption expenditure and had negative and significant influence on adjusted consumption expenditure. ADLI positively and significantly impacts urban non-food expenditure. We find that ADLI negatively impacts all three types of health expenditure. The ADLI is positive and significant for only OBC in rural and urban areas. The ADLI negatively and significantly influences expenditure for higher caste, OBC, and SC in rural and urban. ADLI had different influences across quintile groups. To conclude, productivity loss

through disability must be compensated differently for rural and urban areas. Socio-economic differentials also need to be reflected in the policies related to health intervention.

### **Bleed in a Beaker: Usage of Menstrual Cups in Selected Cities in India**

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**Abstract:** Menstruation although a biological phenomenon marking the onset of adulthood, remains stigmatised and neglected. While several menstrual hygiene products are available to be used during menstruation, the recent Demographic and Health Surveys (DHS 2019-2021) shows that less than 1% of women between 15-24 years of age use menstrual cups in India. The picture is gloomy in rural and urban areas alike. Using menstrual cups not only reduces recurring expenditure but is also a sustainable option for the environment and a healthier alternative for the female body. This study delves into factors that thwart the use of menstrual cups in urban areas. A survey conducted among university students in three metropolitan cities in India – Delhi, Mumbai and Kolkata shows that despite a high rate of urbanisation and high levels of education, social and cultural factors are instrumental in creating myths and stigma surrounding menstrual cups, thus impeding their usage. Access and utilisation of cups can be augmented by creating proper awareness which can affect their acceptability in a positive way by busting the myths. Widespread availability, advertisement and initiatives by the government are essential for women to make the switch from single-use menstrual products to sustainable menstrual cups.

### **The Impact of Covid-19 on Social Stigma among Migrant Workers in Chennai District, Tamil Nadu**

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**Abstract:** India, migrant workers challenge a variety of difficulties and threats, including exploitation, harassment, assault, low pay, unsafe working conditions, and lack of social protection, health concerns, and exclusion from development initiatives. To find the association between SED Characteristics and Social Stigma of the migrants and Covid-19. This research made an attempt to bring the problems faced by the migrant worries during the pandemic situation. Socio-economic characteristics of the migrant workers in the study areas. Half (50.9) of the respondents reported they belong to SCs, STs were about 15 percent and just more than one third them were BCs and other castes. Little more than one third (37.9) were illiterate and primary level of education. Therefore it may be those who had migrate from their place of origin they were marginally, socially backward group of the people. The condition of occupation reveals 61.6 percent of the migrant workers were as construction workers and daily. About 15.8

percent of the migrant workers have come from Andhra Pradesh, Assam, West Bengal and other states. The remaining 84.2 percent of the respondents' intra state migrants but these migrants have come from the neighbouring districts like Dharmapuri, Salem and Villupuram. 94 percent of the migrant were in the age group of less than 49 and more than 20 years only 6.9 percent of them were more than 50-59 years. 16.5 percent of the migrant workers were married and followed by unmarried, divorced/ separated. The pvalue (Sig.) associated with the F-statistic is 0.029, 0.011, 0.007, 0.316, 0.003, and 0.000 of gender, age, marital status religion education and duration of stay in Chennai respectively. Since the p-value is lesser than the typical significance level of 0.05, the null hypothesis (H0) is rejected and H1 is accepted based on the results of the ANOVA.

### **Exposure to Cooking Fuels and Association with Heart Disease among Women in India: A Geographical and Social Disparity in India**

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**Abstract:** The use of cooking fuel is more likely associated with the decline of human health and especially women who are more vulnerable to this aspect due to the exposing indoor air pollution during cooking. Indian women use two types of cooking fuel, i.e., clean cooking fuel and hazardous (polluting) cooking fuel. Globally approximately 2.8 billion people are still using polluting cooking fuel (PCF), which penetrates health-damaging pollutants and small particles that affect into lungs and the entire blood system. The present study aims to explore the association between household indoor pollution and heart disease among women in India. From NFHS-5, the women sample (n=7,24,115) data have been extracted and analysed. The household indoor air pollution (HIAP) has been computed by the calculated value of PCF and exposed to smoking. The prevalence of polluting cooking fuel and the prevalence of heart disease among women in India has been considered by different social and demographic characteristics. Further, the bivariate and binary logistic regression were carried out to examine the association between HIAP and heart disease by estimating chi-square ( $\chi^2$ -test), odds ratio (OR) and 95% confidence interval (CI). The prevalence of HIAP and heart disease among women in India is 70 percent and 0.72 percent. Results show that higher exposure to polluting cooking fuel has a higher chance of risk factor of heart disease. The odds ratio of HIAP, exposed to smoking and use of PCF is the likelihood of heart disease than others (OR:1.222;  $p<0.05$ ).

## Exploring Gender Disparities in Leisure-Time Physical Activity among Older Adults in India: Insights from WHO SAGE Data

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**Abstract Background:** With the aging population in India, understanding leisure time physical activity (LTPA) among older adults is crucial to promote healthy aging. This study explored gender differences in LTPA patterns and their associated factors among older Indian adults using data from the World Health Organization's Study on Global Ageing and Adult Health (SAGE). **Methods:** Data from WHO SAGE Waves 1 and 2 were analyzed to investigate the LTPA behaviours of older adults in India. A sample of 12,198 adults aged 50 years and above provided information on vigorous- and moderate-intensity activities, frequency, and duration. Gender-specific patterns and associations with sociodemographic factors were also examined. **Results:** Gender differences in leisure-time physical activity (LTPA) were apparent among older adults. While a lower percentage of older men engaged in vigorous (7.94%) and moderate (17.79%) activities, older women's participation in vigorous (3.23%) and moderate (11.73%) activities was notably lower. Significant disparities were also observed in the time spent in vigorous- or moderate-intensity sports, fitness, or recreational activities. The study revealed that age, education, self-reported health, and socioeconomic status significantly influenced LTPA among older Indian adults, with variations observed between sexes. **Conclusion:** This study emphasizes sex-specific disparities in leisure-time physical activity among older Indian adults and underscores the necessity for customized interventions to encourage active and healthy aging. Comprehensive knowledge of the sociodemographic factors influencing LTPA is crucial for formulating public health policies focused on improving older adults' overall health and quality of life. By addressing gender inequalities and ensuring equal access to leisure-time physical activities, these policies can contribute to a more inclusive and healthy aging population in India. **Key words:** Ageing, Older adults, Healthy aging, WHO SAGE data, Gender disparity, Leisure-time physical activity

## Domestic Violence and Its Predictors among Different Social Groups of Women: An Investigation in Selected States of India

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**Abstract:** This paper made an attempt to understand the prevalence of domestic violence in different social groups and it also try to explore the determinants factors of the domestic violence among these groups. Data drawn from 33,596 married women during 2015-16 (NFHS-IV). The study was focused on 11 states which reported high incidence of domestic violence during the survey. Of the total 33,596 respondents, 6,938 and 4,232 women belong to SC and ST respectively and remaining 21,991 women were OBC and other caste. Physical violence was the

most common type of domestic violence (36.1percent) reported by all section of women in all the eleven study states followed by emotional violence (14.8percent) and sexual violence (8.4percent). A higher proportion of SC (46.3percent) and ST (41.7percent) women were experienced any one form of domestic violence than the OBC/Others caste women (36.9percent). Among the study states, more than half of the SC and ST women in Telangana (59.9 and 62.7percent), Bihar (55.7 and 54.0percent) and Tamil Nadu (54.4 and 46.4percent) experienced any one form of domestic violence and this proportion for OBC/Other caste women was moderately low in each of the respective states. Bi-variate analysis shows that older women, rural dwelling women, illiterate women, poorest wealth quintiles women, less media exposed women, women with longer duration of marital life and intimate partner's alcohol consumption were significantly associated with any one form of domestic violence. The prevalence of domestic violence was high among SC and ST married women as compared to other social group women. It is again proved from this study that Scheduled Caste and Scheduled Tribe women, in India's highly patriarchal and caste-based society, bear the triple burden of caste, class and gender. This needs an urgent attention at all levels of societal hierarchy including policymakers, stakeholders and professionals to alleviate the situation.

### **Differentials in the Reproductive Health of Women in India by Religion: Evidence from NFHS-5 (2019-21)**

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**Abstract:** According to UN International Conference on Population and Development Programme of Action held at Cairo in September 1994, reproductive health is a complete state of physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. A low age at marriage for women, poor menstrual hygiene, low age at first birth, teenage pregnancy and motherhood, consanguineous marriages point out that women's reproductive health is not up to the mark in that society. It would be interesting to know the differentials in these variables among women of different religious groups. Objectives of this research are (i) To find the differentials in reproductive health among women from different religions (ii) To understand the reasons for these differentials and (iii) To make recommendations which will have policy implications. In NFHS-5 (2019-21), data were collected on a number of variables of reproductive health. For example, regarding menstrual protection, the percentage of Hindu women protected is 77.6, Muslim women 74.6, Christian 85.7, Sikh 93.6, Buddhist 86.6 and Jain 94.7. Similarly, the prevalence of STIs is 4.8 percent among Hindu women, Muslim women 6.5, among Christian 3.0, Sikh 6.9 and Buddhist women 7.0 and Jain 1.5. The percentage of teenage pregnancies is as follows: Hindu women 6.5, Muslim 8.4, Christian 6.8, Sikh 2.8, Buddhist 3.7 and 1.1. As we have seen above, if in a particular community, reproductive health of the women is poorer, it



implies that extra efforts/innovative measures are needed to bring up the reproductive health of women in that particular religious group. From this perspective this research is undertaken.

## **A Qualitative Study of Health Seeking Behaviour to Identify the Barriers in Utilization of Healthcare Services by Indigenous of Gumla, Jharkhand**

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**Introduction:** In Gumla, Jharkhand, indigenous communities grapple with complex healthcare challenges. This study explores their intricate relationship between health and sustenance. Non-functional health centers and water scarcity significantly impact their health-seeking behavior due to limited accessibility. Discrepancies between official data and real-life experiences emphasize the urgent need to address healthcare access. Gumla, an "Aspirational District" in India, contains various Blocks, each with unique geographical and healthcare challenges. This study focuses on the indigenous communities within Dumri Block, shedding light on their daily realities and healthcare access. It highlights their resilience amidst daunting challenges, affecting every aspect of life, including healthcare utilization.

**Research Objectives:** Primary Objective: Explore indigenous communities' health-seeking behavior and identify healthcare service utilization barriers. Secondary Objectives: 1: Understand the influence of health beliefs, attitudes, and healthcare practices on indigenous communities' health-seeking behavior. 2: Identify factors impeding primary healthcare utilization, including accessibility, affordability, cultural beliefs, social norms, and perceived care quality. 3: Examine the impact of socio-economic factors like income, education, employment, and healthcare affordability on healthcare utilization in indigenous communities.

**Methodology:** Convenience sampling was employed for in-depth interviews with indigenous community members in Gumla, Jharkhand. The findings from these interviews formed the foundation for focused group discussions (FGDs). Thematic analysis of interviews and FGDs revealed key themes and barriers influencing health-seeking behavior and healthcare service utilization.

**Key Findings:** The research identified non-functional health centers, water insecurity, and lack of accessibility as primary challenges influencing healthcare utilization among indigenous communities. Additionally, the study emphasized the significant role of traditional health practices in shaping health-seeking behaviour.

**Conclusion:** This study underscores the importance of sustainable, integrated solutions to overcome healthcare access challenges faced by indigenous communities. By addressing root causes and aligning with the global vision of the SDGs, policymakers and stakeholders can improve healthcare access and overall well-being for marginalized populations.

## **Does Promoting Psychological Well-being lead to a Healthy Ageing in India?: Evidence from LASI**

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**Background:** In order to address the issues associated with an ageing and implement effective policies, countries must have a thorough understanding of health issues and emerging trends among the geriatric population. Healthy ageing is an essential strategy to address the issue among the elderly. Psychological well-being is a critical factor that contributes to healthy ageing, yet it is often overlooked. Therefore, present study examines the relationship between psychological well-being and healthy ageing among older adults in India aged 60 years and above. **Methods:** We conceptualized healthy ageing within the WHO functional ability framework and created composite score of Healthy Ageing Index (HAI) using PCA based on LASI (wave-1) data 2017–18. We then used multiple linear regressions to demonstrate the association between psychological well-being and HAI. **Results:** Psychological well-being is significantly associated with healthy ageing among older adults in India ( $\beta=1.56$ ; 95% CI: 1.35-1.76). Older adults who reported higher levels of psychological well-being had better physical health outcomes, including lower rates of chronic diseases and lower levels of functional disability (ADL/IADL). **Conclusion:** Overall, our study highlights the importance of promoting psychological wellbeing and healthier lifestyle for better health outcome among the older population in India. It also highlights the socio-demographic inequalities in healthy ageing. Apart from that, focus should be given on encouraging the healthier lifestyle and psychosocial well-being at the population-level as well as individual-level to promote healthy ageing society.

### **Health Challenges Faced by Rural Women Entrepreneurs in Small Business: Case Studies from Three Villages near Santiniketan, Birbhum, West Bengal**

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**Abstract:** Rural entrepreneurship has initiated decent and sustainable living of the women fold in rural areas In the present study, the researcher elucidates structural, cultural and financial barriers faced by the women in the rural scenario and as well as the challenges faced by the women to address health and wellbeing. Although studies have pointed out that through Self-help groups and outreach activities of various Non-governmental organizations women are able to address health issues but still there is a huge gap between reality and results. The study enables to understand the nature of work adopted by the entrepreneur, their structural, financial and cultural barriers and the health issues which they face in sustaining work as an entrepreneur. The paper also suggests few measures taken up by the rural entrepreneurs to increase their health literacy, awareness and consciousness. A participatory approach is used by the researcher as a methodology to understand the endeavours in the rural scenario.

## Feminization of Sickle Cell Anemia: A Sociological Diagnosis of Maternal Morbidity and Mortality among Kurumbar in Kerala.

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**Abstract:** Sickle cell anaemia (SCA) is a hereditary disorder leading to hemolysis, pain crises, chronic organ damage and lifelong hemolytic anaemia. WHO describes this as a 'global public health issue'. India is the world's largest sickle-celled population, especially in tribal communities. While pregnant females have greater probability of maternal-fetal morbidity needing simple exchange transfusion, twin pregnancy- calls for prophylactic exchange transfusion, registering high maternal mortality rates. SCA, once considered a disease of tropical climates, has become a global health issue due to trans-national migration, with the highest prevalence in sub-Saharan Africa, the Middle East, South Asia, and African American populations. In this backdrop, employing triangulation methodology, this study endeavours to examine the prevalence of SCA among tribal communities with particular reference to the impact of SCA on reproductive health, diagnosing the vulnerability, morbidity and mortality of adivasi women belonging to Particularly Vulnerable Tribal communities in Kerala. Combining secondary sources, quantitative and qualitative data, and this study is framed with the following objectives: 1. To provide gender analysis of the prevalence of SCA among adivasis in Palakkad District. 2. To examine the maternal morbidity challenges encountered by SCA adivasi women. 3. To investigate the causes and conditions of maternal mortality of SCA-affected adivasi women. 4. To inquire into the process and predicaments in adivasi women's access to social support, medical care, financial support and so on in the prevention and treatment of SCA, For this purpose, a sample survey of women with SCA, Social autopsy based on case study of the victims of maternal mortality and in-depth interviews with officials were carried out in Attapadi. Key findings of this study indicate that SCA involves an increased risk of maternal complications, including anaemia, prenatal birth, low birth weight, and higher incidence of neonatal mortality, besides social stigma and discrimination encountered by adivasi women exacerbating their vulnerability.

## Breakfast Scheme for Primary Students in Tamil Nadu – Panacea for Health Development

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**Abstract:** The Progressive State, headed by DMK in Tamil Nadu, launched breakfast for students, upto class five in all the government schools is yet another milestone to usher in nutritional standards and primary education. Around 17 lakh students cutting across regions including hilly areas from 31000 schools are covered. Emphasis is to use locally produced nutrient-rich food items. The PRIs and SMDCs are roped with the education department to manage and monitor this scheme. As this is a newly started scheme, it is not fair to conduct large-scale in-

depth surveys to unfold the viability of the program. Moreover not many studies are available on this aspect. However, there are quick surveys by individuals and press reports on the viability, difficulty, and related issues and functioning and management of the scheme. Inputs were drawn from these sources. Besides, interactions were held with a cross-section of government officials including teachers, researchers, student beneficiaries, and parents. Random visits to a few primary schools in Athoor block of Dindigul district (Western Hilly Tamil Nadu) and Orathanad block in Thanjavur district (Cauvery Delta in Eastern Tamil Nadu) were made to observe the functioning of the scheme. Based on the above, this abstract is prepared for presentation. It is inferred that classroom hunger is prevented; retention rate is improved; enrolment is increased; dropout is reduced and heading towards overall sustainable human development in the moderately developed Tamil Nadu. This model has attracted the neighboring state of Telangana and was recently implemented in that province. Other Indian states are sending their officials to study the operational system and the health conditions of the beneficiary students to emulate in their planes. Nevertheless, quality of food, pilferage, social boycott, and resource mobilization are a few issues to be addressed carefully to sustain this innovative program in a sustainable manner.

### **Evaluating the Knowledge, Attitude, Practice and Probable Health Impact of Doping and Dietary Supplements in Indian Sports: A Systematic Review**

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**Abstract:** Usage of nutritional dietary supplements (DS) by sportspersons is a common practice mainly among the athletes. However, these DS contains large number of substances which are banned by the World Anti-Doping Agency (WADA), and also creates long-term negative health impact on the sportspersons. The excessive usage of DS and doping also occurs among these sportspersons due to lack of awareness and performance pressure and lack of explicit guidelines globally. The aim of present systematic literature review to evaluate the knowledge, attitude, practice (KAP), and health impacts in relation to doping and dietary supplements by the Indian sportspersons. The SLR was conducted using PRISMA guidelines. Studies were identified through a systematic search of PubMed, the Cochrane Library and secondary references from inception to Oct 2023. The search was regardless of publication status and the studies collected were screened for suitability with an inclusion/exclusion criterion used by a single reviewer with an independent duplicate assessment of second reviewer. The quality assessment was done by The Joanna Briggs Institute critical appraisal checklist for studies reporting prevalence data was used to determine and control the articles' quality. Findings documented a changing landscape of sports, with the development and induction of doping and adequate usage of nutritional supplementations. Also, present study highlights the dearth of literature and adequate research on KAP and DS. Over the last two decades the doping literature addressing adequately developed KAP and DS and narrowly focused on quantitative studies. Although there are certain studies on

DS and doping pertained to behavioral modification still High-quality studies investigating the wider context of KAP and DS are needed to fully understand the complexity of doping in sport and guide future policy and practice in India.

**Prevalence, Factors and Utilization of AYUSH and Traditional Medicine among Older Adults in India: Issues & Challenges in Achieving Integration of Health Systems and Mainstreaming Complimentary Medicine**

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**Abstract:** India National Health Policy 2017 envisaged promoting and mainstreaming the integrative and complementary medicine approach to address the pressing challenges of health issues. India has a plural medicine system and a long history of traditional medicine to treat various diseases. However, allopathy or modern medicine has been at the forefront of treating and curing lifethreatening diseases in India. Despite continuous policy-driven efforts, popularizing traditional treatment methods has not been genuinely achieved in India. The current study is aim to examine the utilization of modern medicinal systems and AYUSH among the elderly in India. Further, study examines the disease specific utilization of various system of medicine. We used Longitudinal Ageing Study (LASI), wave-1 conducted during 2017-18. LASI surveyed 73,396 eligible older adults aged 45 and above and their spouses irrespective of age, at individual levels from all 28 states and 8 Union Territories of India. Results indicate large gaps in consultations for health problems in modern medicine and AYUSH practitioners among all states in India. The maximum preference for Modern healthcare system was mainly for diseases, like- Heart-disease (98.16%), Diabetes (97.04%), Cholesterol (94.62%), and Hypertension (94.19%). As far as treatment is concerned around 97.17 per cent of patients have found the modern treatment the most trustworthy and 81.86 per cent of older adults have taken treatment for Diabetes. The study clearly shows the predominant use of modern medicine for varied diseases and consultations among older adults in India. The AYUSH and traditional/folk health care utilization in consultation and treatments were found to be less than modern medicine. The range of socioeconomic and cultural factors and health insurance status were found to be essential determinants of the utilization of AYUSH healthcare systems. The interventions must be targeted to strengthen the AYUSH facilities and community awareness towards utilization of AYUSH system health care.

**Gender and Obesity: Restriction on Women in Public Spaces**

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**Abstract:** Overweight and Obesity is likely to increase up to 40 percent by 2030 and remains as one of the primary risk factors for Non-Communicable Diseases (NCDs). Therefore, the World Health Organization (WHO) prescribes 'physical exercise' as one of the remedial measures to tackle it. In spite of equal willingness and time, the 'public space' is not conducive for women's physical exercise. Verbal harassment in the public spaces and body shaming are a regular occurrence faced by overweight and obese women. They experience different forms of fear, unwelcome sexual remarks, and gestures regarding their physical image. Such social conditions restrict women's freedom of movement and ability to take up physical exercise. In addition, negativity impacts the health and wellbeing of such women. In this context, this paper attempts to evaluate the level of physical activity between men and women to understand the factors restricting overweight or obese women from accessing public spaces for physical exercise. The research was carried out among the over-weight and obese college students in Chennai using convergent parallel mixed method. Based on the findings, the paper argues that gender stereotypes promote physical inactivity among overweight and obese college women.

### **Community Experiences and Challenges to Register Deaths in Civil Registration System in India: Findings from a Primary Qualitative Survey in Assam, Kerala, and Maharashtra**

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**Objective:** To document the community experiences and, challenges in death registration in CRS in India. **Data and Methods:** We used primary qualitative survey data collected in Assam, Kerala, and Maharashtra in June-August 2023. We conducted 23 key informant interviews, and 15 focus group discussions comprising of community members. The sampling method used was convenient sampling. The inclusion criteria for FGD participation included individuals aged at least 18 years with consent to participate in the study. We presented descriptive statistics as well as thematic analysis. **Findings:** We identified seven themes based on the experiences of the respondents that highlight the functioning of the system at the community level and the challenges faced by them: 1) Availability of community support and assistance, 2) Access to Facilities, 3) Inefficiencies and challenges, 4) ) Low awareness and insufficient knowledge of registration process, 5) Purpose/Motivation of death registration 6) Gender dynamics of death registration, and 7) Suggested improvements. We found a contrasting situation in these states, for example, while there was strong community support and assistance in the states of Kerala and Maharashtra, it was weak in Assam. Although lack of access to facilities and inefficiencies were found in all three states, it was more prominent in Assam compared to the two states Level of awareness and motivation for death registration was lowest in Assam. **Conclusion:** There is a need for more streamlined and efficient processes to reduce the time and effort required to obtain death certificates in India.



## Balancing Responsibilities: A Review on the Health and Well-being of Women Caregivers in Multi-Generational Households

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**Abstract:** While the importance of caregiving for the quality of life of older adults is recognized, a lesser-researched area is the effect of caregiving on the lives of caregivers from a gender perspective. Hence, it is essential to understand how providing care to two generations simultaneously affects the caregiver's physical and mental well-being. This review paper explores the multifaceted dimensions of health among sandwich generation women, aiming to provide a comprehensive overview of the existing literature on this crucial topic. The review synthesizes findings from relevant literature on the sandwich generation women. The key focus areas include physical health, mental health, and the interplay between caregiving responsibilities and self-care. The review begins by examining the physical health of women belonging to the sandwich generation, taking into account their vulnerability to chronic illnesses and the effects of caregiving on their overall wellbeing. Additionally, the review examines the psychological well-being of these women, with a particular focus on the psychological strains that arise from the dual responsibilities of childrearing and tending to ageing parents. This study investigates the impact of anxiety, depression, and caregiver burnout among sandwich generation women, providing insight into the distinct emotional challenges they encounter. Furthermore, it examines the potential effects of socio-demographic factors on the health outcomes of women belonging to the sandwich generation. In addition, the paper investigates the support networks and coping mechanisms utilized by sandwich generation women in order to balance their caregiving obligations with their health. The synthesis of existing research underscores the importance of developing targeted support systems and interventions to enhance the well-being of these caregivers. Future research should explore the long-term implications of caregiving dynamics and evaluate the effectiveness of interventions in improving the health and quality of life for women.

## Economic Variation in Trends and Patterns of Malnutrition among Women in India

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**Objectives:** The aim of this study was to explore the pattern of malnutrition among women aged 20-45 years in India by their economic background. The study uses markers like underweight and overweight to identify the dual burden of malnutrition among Indian women. **Methods:** The data used is from the Indian DHS, the National Family Health Survey (NFHS-3, 4 & 5), conducted during 2005-06 2015-16 and 2019-21 respectively. The changes in the economic inequality of women malnutrition from 2005 to 2021 are studied along with the variations among various geographical regions of India. Crosstabulations, poor-rich ratio and the concentration

index (CI) were used to understand the trends. To measure the economic inequalities in the risk of malnutrition over time, a pooled binary logistic regression model was fitted; the results are presented as a set of predicted probabilities of being malnourished grouped into categories by wealth quintiles. **Results:** The study found that the prevalence of underweight among women has reduced from 33% to 15% during 2005-2021, whereas the prevalence of overweight has doubled from 15% to 33%. Over the period of time, the economic disparities for underweight have increased from -0.25 to -0.13; the inequalities for overweight have reduced from 0.47 to 0.24. Over the period of time, the overall economic inequalities with respect to underweight have aggravated despite decline in prevalence, indicating the poorest of poor are increasingly burdened and overnutrition have reduced despite augmented prevalence, indicating a trend of shifting burden to poorer sections of society. **Conclusion:** Huge regional disparities among states, need to be taken into account for formulating comprehensive policies. A uniform policy would not work for India. The trends suggest further research to investigate life course exposure of malnutrition and also look for evidences of possible common etiologies of malnutrition.

### **Maternal and Child Health Services in India: A Study of National Family Health Survey**

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**Abstract:** In order to improve maternal health at the community level a cadre of community level skilled birth attendant who will attend to the pregnant women in the community is being considered. The need for bringing down maternal mortality rate significantly and improving maternal health in general has been strongly stressed in the National Population Policy 2000. This policy recommends a holistic strategy for bringing about total inter sectoral coordination at the grass root level and involving the NGOs, Civil Societies, Panchayati Raj Institutions and Women's Group in bringing down Maternal Mortality Ratio and Infant Mortality Rate. The Maternal Mortality Ratio in India is 103 per 100,000 live births in order to provide the RCH services to people living in remote areas where the existing services are underutilized, a scheme for holding camps have been initiated during the year 2001. The scheme is implemented in the 10 weak states and also in the Eastern States. Report received from the States suggested that the scheme is well appreciated in the Rural Community and large number of people is attending these camps. On the request of the State Governments, the scheme has been extended to 76 additional districts during 2001-02 for which an amount of Rs.1887.40 lakhs to the States have been released. According to the information received from different States, 7283 camps have been organized in the States up to date. As a result of these interventions, a recent survey results of which have come for 50% of the districts indicates that Institutional Delivery has increased from 78.9% (NFHS-4) to 88.6% (NFHS-5).

## Indigenous Systems of Medicines of India: Status of Inter-Generational Knowledge Transfer

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**Abstract:** National Health Policy of India emphasized the need for the incorporation of Indian Traditional Systems of Medicines in the sophisticated course line of the modern medicines, which was based on a complete integration of all plans for health and human well-being. The Indian medicine system is embedded in the traditionality of Indian culture, utilization of region-specific availability of flora, cultural beliefs and age-old heritage of Indian value system. Inter-generational transfer of knowledge is the main flow-line for sustainability of the Indian medicine system in present era. A wide range of preventive, promotive and curative treatments are incorporated under the policy framework at various levels of social structure. At every village level, such traditional methods were the sole measures since ancient past, which are now supported by other contemporary medicinal systems. But, the traditional knowledge systems of Indian villages are still representing its age-old heritage of Indigenous Systems of Medicines. This paper starts its journey through a detailed account of Indian Traditional Systems of Medicines mentioning its glorious history followed by the global cultural diffusion of its various attributes in contemporary period. Based on primary data, this paper also involves the status of inter-generational transmission of traditional knowledge in general and Indian Traditional Systems of Medicines in particular. Some policy recommendations are also suggested at the end of the paper.

## Health System Resilience and Equity in India: Dynamics of Institutional Births During COVID-19 Pandemic

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**Abstract:** The COVID-19 pandemic has underscored the importance of institutional deliveries to protect maternal and neonatal health services. Despite challenges, healthcare organizations have adapted by implementing infection prevention and control strategies to ensure safe childbirth. The Indian government has actively promoted institutional deliveries through various initiatives, including Janani Shishu Suraksha Karyakaram (JSSK), Pradhan Mantri Matru Vandana Yojana (PMMVY), and Janani Suraksha Yojana (JSY). This research study focuses on health system resilience and equity in India by examining the dynamics of institutional births during the COVID-19 pandemic. Using data from NFHS-4 and NFHS-5, the study analyzed various aspects of institutional births in India, including coverage, continuity, quality of care, equity, out-of-pocket spending, and sectoral contributions. It was found that there was both continuity and improvement in maternal and child health services related to institutional delivery care. The percentage of home-based births decreased from 12% (NFHS-4) to 11% (NFHS-5), indicating a positive trend. The private sector saw a drop in institutional birth coverage but a higher

proportion of Csection births. The public sector demonstrated greater equity in coverage, and more middle-class individuals turned to the public sector for institutional delivery. Post-COVID, out-of-pocket spending increased slightly when adjusted for clinical and socioeconomic factors. Strengthening C-section provisions in the public sector could further reduce out-of-pocket expenses. Ensuring equity in healthcare services and outcomes is crucial for accessible healthcare. Resilience should go hand in hand with reforms aimed at enhancing equity and accessibility in health systems, encompassing both public and private institutional deliveries and extending delivery services beyond childbirth.

### **HMI (Human-Machine Interaction) and Population Health: Evidence from SLR based study on ‘Digital Fatigue’**

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**Abstract:** With the changing life style both in rural and urban contexts, people have been forced to stick to digital environment, spending hours in front of various electronic screens for accomplishment of communication related works (say HCI- Human Computer Interaction). This has resulted into tiring conditionality which may be referred to as ‘Digital Fatigue’. It could be an end result of long exposure to digital applications which are responsible for various physical, mental and social problems. It is a pertinent issue that needs systematic research into the hidden contextual factors unlike the aggregate understanding of previous studies which can help designing effective coping strategies for people in varying contexts. The current study aims to understand the contexts behind the fatigue in digital experience in terms of the factors and effects therefrom. It also endeavours to design a synthetic model on strategies to cope with digital fatigue. The analysis dwell on qualitative methods using sorted literature/ studies from reliable sources. Content analysis of varying conditions is examined in terms of their relevance and practicality towards digital fatigue and coping strategies. It is found that frequent checking of email increases stress levels, while other studies find mere presence of mobile phone can decrease the quality of face-to-face interactions Even too much digital engagement crowds-out healthy activities and is detrimental to overall wellbeing. In terms of coping to the digital fatigue, researchers have found various strategies such as individual and group therapy, systematic therapy and multilevel interventions like motivational interview therapy as highly effective. The recommendations and findings of this study have not only research significance but also programme management relevance. It can also help individuals to identify and manage their own and other’s fatigue level caused due to digital experience and thereby improve personal and working relationships and establish effective digital experience.

### **Spatiotemporal Change in Socioeconomic Inequality in Hygienic Absorbent Use among Adolescent Women in India during 2015-21**

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**Abstract:** This study aimed to measure and analyse the spatiotemporal change in socioeconomic inequality in the use of hygienic absorbents among adolescent women in India during 2015-2021. We conducted a cross-sectional study using data of 117,749 and 114,839 adolescent women aged 15-19 from two successive rounds of National Family Health Survey (NFHS) conducted in India during 2015-16 and 2019-21. We analysed the use of hygienic absorbents during menstruation among adolescent women across different wealth quintiles, regions, and states in India. We also used decomposition analysis to identify the factors contributing to socioeconomic inequality in using hygienic absorbents. Our study found that the use of hygienic absorbents among adolescent women increased by 13 percentage points, from 37% in 2015-16 to 50% in 2019-21 in India. However, there was significant regional variation in the use of hygienic absorbents among adolescent women in India. The two lowest wealth quintiles saw a larger increase (16-17 percentage points) in the use of hygienic absorbents during menstruation from 2015-16 to 2019-21 compared to the richest quintile (9 percentage points increase). Socioeconomic inequality in the use of hygienic absorbents, measured by ECI, declined marginally from 2015-16 to 2019-21, with marked disparities across different states. The decomposition analysis revealed that the inequality in using hygienic absorbents was primarily explained by place of residence, exposure to mass media, education, and region of residence. Our study highlights the need for targeted policies to increase usage and reduce existing inequality to ensure equitable access to hygienic absorbents for all adolescent women in India. Specifically, interventions should target regions with low use of hygienic absorbents, economically disadvantaged groups, and poor and vulnerable populations. State-specific policies and programs are also necessary to address the disparities in socioeconomic inequality. Additionally, efforts to reduce inequality should address the underlying factors contributing to inequality.

### **To Estimate the Gain in Life Expectancy at Birth after Partial and Complete Elimination of a Specific Cause of Death in India: An Analysis of MCCD Data**

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**Introduction:** Life table is an important demographic technique used in the analysis of mortality and other demographic processes. Life expectancy, a statistical measure to portray average life span a person is expected to live at a given age under given age-specific mortality rates, is generated from life tables. Cause-deleted life table measures gain in life expectancy after elimination of a specific disease. The present study aims to examine the effect of partial and

complete elimination of specific disease on the gain in life expectancy at birth in India by using secondary data of Medical Certification of Cause of Death (MCCD) for the year 2020. **Methods:** Life table technique was used for estimating gain in life expectancy at birth after eliminating specific diseases to the tune of 25%, 50%, 75% and 100%. **Results:** Complete elimination of diseases of the circulatory system yielded maximum gain in life expectancy at birth in males (9.17 years) and in females (11.94 years); followed by diseases of the respiratory system in males (2.25 years) and in females (2.08 years); certain infectious and parasitic diseases in males (1.26 years) and in females (1.30 years); endocrine, nutritional and metabolic diseases in males (1.15 years) and in females (1.51 years) and neoplasms in males (0.82 years) and in females (1.0 years). Similar results were obtained in case of remaining diseases. **Conclusions:** Maximum years would be gained after reducing or eliminating mortality from diseases of the circulatory system. These findings may have implications for practical decision making in setting up health goals, allocating resources and launching tailor-made health care programmes.

### **Navigating the Health and Nutrition Challenges of Children among Seasonal Migrant Communities**

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**Abstract:** This paper delves into the dynamics of seasonal migrant families originating from the Jalna district of Maharashtra, a region grappling with prolonged drought conditions that fuel distress due to limited livelihood options and mounting debt, pushing families to migrate. The recurrent movement of these families to neighbouring areas underscores the ingrained nature of seasonal migration as a survival strategy. Despite being significant contributors to the economies of their destination regions, migrant families often find themselves stripped of fundamental human rights associated with the SDGs. The transient nature of their movements, coupled with their work environment and living conditions, denies them these rights. Hence, a need for sustainable policies that safeguard their rights, provide legal support, and offer secure migration pathways. This endeavor not only ensures the fulfillment of seasonal migrants' rights but also facilitates India's journey toward a safer, healthier, and more equitable society. The research primarily revolves around understanding the factors that drive seasonal family migration. A unique aspect of this study centers on the narratives shared by children actively involved in the migration experiences. These narratives, expressed through dialogues, offer insights into the perspectives of migrant, non-migrant, and stay-back children regarding their essential rights concerning health, education, and a secure living environment. Considering the growing concerns about the impact of seasonal migration on children, particularly those aged 6 to 14, this abstract aims to highlight the adverse effects on their health, well-being, and development based on a compilation of studies. Seasonal migration disrupts essential healthcare and nutrition outreach services, exposes children to hazards, and leads to subpar living conditions. Emotional and psychological challenges arise, while access to vital services like immunization and



healthcare becomes compromised. Addressing these multifaceted issues requires a holistic approach encompassing healthcare, nutrition, sanitation, and awareness within migrant communities

### **Reducing Stigma: Mental Illness and Indigenous Healing**

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**Abstract:** Mental illness affects millions worldwide, contributing to significant personal and societal burden. Mental health issues have become increasingly prevalent and consequential. There is a coexistence of diverse treatment approaches to mental health in India. Alongside biomedical care and Psychiatry, there continue to exist indigenous systems of medicine including Ayurveda, Siddha, Unani, Yoga, Naturopathy and Homoeopathy and traditional faith healing. Sociocultural and religious beliefs about mental health, such as possession, supernatural forces and evil spirits, continue to influence the understanding of mental health in India. Ayurveda, being a traditional system with its roots in Indian culture and religious beliefs, offers an interpersonal, empathetic and non-threatening atmosphere for the mentally ill and their family members. The two primary theories that Ayurveda presents are somato-psychic and religiomagical (demonological), both of which view evil spirits as essential contributors to mental disease. In this context, this paper analyses how Ayurveda, an ancient system of medicine, approaches mental health issues and its relevance in contemporary healthcare practices. It also seeks to analyse the stigmatisation of mental illness and the socio-cultural factors that influence the perception and management of mental illness within an Ayurvedic framework. The holistic approach of Ayurveda emphasises how the mind, body and spirit are all intertwined. People who seek mental health treatment from Ayurveda may often be motivated by cultural norms, spiritual beliefs and values, as well, and it carries less stigma associated with mental illness. This study is based on in-depth interviews with Ayurvedic practitioners and mentally ill patients in the Kozhikode district of Kerala. This analysis may reflect socio-cultural explanations for people seeking and utilising Ayurvedic treatments for mental health concerns.

### **Socio-demographic Determinants of Cancer Screening Uptake among Women in India: A Secondary Analysis of the National Family Health Survey-5**

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**Background:** Despite lower incidences of malignancy, relatively incidental mortality is higher in India. This is mainly due to lack of advance-stage disease diagnosis due to limited screening facilities, and screening participation-related taboo. The present study aims to examine the relationship between sociodemographic characteristics and risk factors with breast and cervical cancer screening uptake among Indian women. **Methods:** We used the National Family Health

Survey Round 5 (NFHS-5) women's dataset for this study purpose. The sociodemographic variables considered as independent variables include age, education, wealth, residence, religion, ethnicity, insurance, marital status, and cancer risk factors of tobacco and alcohol consumption, parity, contraceptive use, and body mass index (BMI), while dependent variables considered are women's participation in cervical and breast cancer screening examination. Statistical analysis was done using Poisson regression models with a "survey" package of R, and adjusted prevalence ratios were calculated. **Results:** Among 355672 respondent women we found that 1.6% and 0.6% underwent cervical and breast cancer screening, respectively. Age, locality of residence, education status, and economic status are found as influential factors for the screening participation. State wise wide variability observed in screening services, some of states with screening programs seems to have higher proportionate of screening that national average. While states with the higher proportionate of screening seem to have disparity between economic status, education and locality. **Conclusions:** Social disparities play a crucial role in screening participation. Promoting organized screening facilities, with more organized concentrated efforts in rural areas, can be useful. Promoting health services with a special emphasis or focus among lower economic class and educational attainment women and helping to address the issue.

### **Nutritional Status of Mother and Children in Cuddalore: Tamil Nadu**

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**Abstract:** Health is an essential input for the development of human resources and the quality of life and in turn the social and economic development of the nation. A positive health status is defined as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (WHO, 1946). Health is regarded a priority for sustained development interventions both at the individual, community and national levels. Improved health is a part of total socio-economic development and is regarded as an index of social development. The purpose of this present study aims to find out the nutritional status of mother and children in Cuddalore District. Objectives of the Study are to find out the prevalence of malnutrition among children and mothers in the specified age group, to ascertain the select characteristics of malnourished children and mothers and to ascertain the factors contributing to malnutrition. A Systematic Sampling technique was used to derive the sample size. Sample size for this study is 148 respondents. Data for the study is Primary data. With help of Structured schedule, interview methods was adopted to collect data. After obtaining information about all children (0-6 years of age) and women above 14 years of age, each eligible woman (mother of malnourished child, ill woman or single woman) was interviewed in Cuddalore District. Percentage analysis and Cross tabulation analysis were applied. Based on the findings and observations, interpretations was made during the study of analysis.

## Current Contraceptive Use among Married Women in Bihar

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**Background:** Contraceptive use slows population growth. Information on the current level of contraceptive use (or contraceptive prevalence) is essential because overpopulation puts pressure on the environment, the economy, and services such as education and health. Bihar is one of the states that has low acceptance of contraception and the highest TFR (3.2 in the 2011 Census) than the national average (2.2). Hence, this study tried to understand current contraceptive use and associated factors among married women in Bihar **Objective:** To understand the level of current contraceptive use and also the method used among the women in Bihar and to analyze the socioeconomic and demographic differentials in current contraceptive use among the study population **Methodology:** The present study is based on the secondary data of the National Family Health Survey 5 conducted during 2019-2021. The survey covered 42,483 women aged 15 -49 in Bihar. The total sample size is 31828(80.0 percent) currently married women living with their husbands. Statistical tools such as Chi-square and binary logistics have been applied to meet the objectives. **Results:** Study findings show that 55.1 percent of the respondents had used contraception at the time of the survey. With regards to the method, 44.9 percent were adopted by the modern method, and the rest were used by the traditional method of family planning. One-fourth of the respondents who were to 21-25 have used of modern method increased to around 62.2 percent who aged 36-40. There is more or less equality among the age groups and use of traditional methods of contraceptives The background characteristics such as place of residence, and educational attainment have shown a significant association with the current use of contraceptives as the Chi-square test suggests. **Conclusion:** From the results, it is concluded there is a variation in current contraceptive use among the respondents


## Exposure to Intimate Partner Violence and its Association with under Nutrition among Women in India: A Fresh Evidence from Indian Demographic and Health Survey

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**Introduction:** In India, a significant proportion of women have been exposed to intimate partner violence (IPV). According to the recent National Family Health Survey report (NFHS-5), around 23 percent of women have experienced physical violence by their partner in the last 12 months. The association between exposure to IPV and undernourishment is less explored in scientific research. This study examines the association between exposure to IPV and undernourishment



among women in India. **Data and Methods:** Data from the recent round of the Indian Demographic and Health Survey (DHS) was used for the study. The main exposure variable was experience of physical, sexual, or emotional violence by a partner in the last 12 months. Any anemia (haemoglobin level of <12.0 g/dl), severe anemia (haemoglobin level of <8.0 g/dl), or women who are thin (BMI of <18.5) or moderately or severely thin (BMI of <17.0) were used for the estimation of undernourishment. Bivariate cross-tabulations and multivariate binary logistic regression analyses were carried out to test the association between exposure to IPV and undernutrition among women. **Results:** Results show that the prevalence of undernutrition indicators is higher among women who have experienced any violence by their partner as compared to their counterparts. Regression analysis revealed that women who have experienced any type of violence by their partner in the last 12 months are at higher risk of being undernourished. **Conclusions:** The study reveals that women who have been exposed to intimate partner violence by their partners are at significantly higher risk of undernourishment. Both micro and macro-level interventions are required to control the extent of intimate partner violence against women, which may result in a reduction in the undernourishment of women.

### **Risk Factors of STIs among Clinically Suspected Cases Attending OPD of A Tertiary Care Hospital of Eastern Uttar Pradesh**

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**Background & Objective:** Sexually Transmitted Infections (STIs) are a major public health problem. Risky sexual practices such as having multiple sexual partners, unprotected sexual intercourse and paid sexual intercourse are the greatest risk factor for STIs. This study aims to examine the association of the risk factors with socio demographic characteristics of study subjects and find out their contribution. **Material and Methods:** A Hospital based cross sectional study design was conducted among 194 STIs patients from Tertiary Care Centre Varanasi. The subjects were aged between 15 to 60 years old and data was collected during August 2022 to March 2023 through pre-tested structured schedule. Chi square test and logistic regression techniques were performed using Statistical Package for Social Sciences version 28. **Result:** Mean  $\pm$  SD age of respondents was  $32.8 \pm 9.09$  years. Finding shows that 48.5% respondents had multiple sexual partners, 27.7 % were engaged in paid sexual intercourse and 55.9% were practicing unprotected sexual relationship. Male were found more than six times likely to have multiple sexual partners as compared to female (OR=6.83, 95% CI:3.28-14.23). Respondents whose partner had other sexual partner in past 3 months were three times more likely to have multiple sexual partners as compared to their counterpart (AOR:3.17; 95% CI:1.29- 7.74,  $p < 0.05$ ). Respondents in higher age group were 2 times and 6 times more likely to engaged in unprotected sexual intercourse as compared to respondents in lower age group (15-24), (AOR 1.89; 95% CI:1.63-5.73,  $p < 0.05$ ) and (AOR 6.29; 95% CI: 1.07-36.92,  $p < 0.05$ ) respectively. **Conclusions:** STIs are highly prevalent among young men and women. STIs were clearly associated with risky sexual behavior of respondents. It is need to focus on

promoting and counseling the adolescents and young adults about sex education and sexual practices so the burden of STI can be minimized.

## Awareness and Perceptive of Adolescent Girls Regarding Polycystic Ovarian Syndrome Residing in Rural Area

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**Background** Polycystic Ovary Syndrome (PCOS) is one of the most common endocrinopathy affecting adolescent girls in their reproductive age. It has an unknown etiology and is recognized as a heterogeneous disorder that results in the overproduction of androgens, primarily from the ovary, and is associated with insulin resistance. The global prevalence of PCOS is estimated to be between (6%) and (26%). It is caused by a sedentary lifestyle and lack of nutritional food.

**Aim of the study:** The purpose of this study was to determine the effectiveness of a capacity-building lifestyle modification program on awareness and perceptive regarding polycystic ovarian syndrome among adolescent girls in Pre-university Colleges. **Methods and Materials** The research design adopted for the study was true experimental pretest and post-test control group design with an intention of estimating the knowledge and attitude of adolescent girls toward polycystic ovarian syndrome and evaluating the effectiveness of lifestyle modification program in improving the knowledge and attitude of adolescents toward polycystic ovarian syndrome. the sample size was 150 adolescent girls . **Results** Majority of the subjects, 51 (61%) in the experimental group and 61 (81.3%) in the control group, were 16 years old. 18 (24.0%) of them in the experimental group were in high school, while 22 (24.0%) of the control group's members were in pre-university. In the experimental group, the majority of their educational level was 32 (42.7%) till middle school, whereas in the control group, 35 (46.7%) were in high school. The type of the family 37 (49.3%) in the experimental group and in the control group 47 (62.7%) belong to the nuclear family. Majority (80%) have no risk factors for PCOS, while the remaining 20% are at moderate risk. conclusion adolescent need a combination of lifestyle changes and medication to treat PCOD and prevent future complications.

## Malnutrition amongst Adivasis: Exploring the Myths and Realities

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**Abstract:** One of the main reasons for the criticism of the WHO definition of health, is the fact that it doesn't consider the cultural meaning of health which differs across various communities. When it comes to understanding health across communities, it is interesting to look at the tribal health culture as they have a unique way of understanding health and responding to the same. They also believe in the role of super natural power in causing disease and rely heavily on magico-religious practices to deal with them. Being closely connected to the nature they also rely

on the same for treatment of their illnesses. Western medicine and government health schemes still remains distant to them. This is mainly because of lack of awareness among them. Also, their hamlets are located so much in interior that the government health facilities are mostly not there. As a result of this, the health of tribals is an area of major concern. This is reflected by the poor health indicators in terms of prevalence of morbidity and mortality among them. There is also a very high prevalence of Malnutrition among the tribal population. The present paper is an attempt to present the Health status and Health culture as practiced by various tribes in India. It would also intend to present the challenges faced by them in terms of accessing health care. Finally the paper delves into a very important health issue which the tribals are grappling with, which is Malnutrition. Based on a small study done in tribal hamlets of Kasara where the author is involved through student supervision, the author attempts to bring forth the factors responsible for Malnutrition in that particular region. She has also suggested measures to mitigate the same.

### **Does Anganwadi impact on the nutritional status of Scheduled Tribe Children in Odisha?**

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**Background and objective:** Anganwadi Centres started in the year 1975 mainly to fulfil the nutritional requirement of children with specifically focusing on scheduled tribe along with essential integrated health services. The objective of this paper is to assess the impact of Anganwadi centres on nutritional status of scheduled tribe children and their wellbeing. **Methods:** The cross-sectional data collected through National Family Health Survey is used to analyse the impact of Anganwadi centres along with primary data collected in Odisha. A multistage sampling technique was used in the recruitment of 286 respondents from the scheduled community in Odisha. Both bivariate and multivariate analyses have been carried out for this paper. **Results:** Over the years the proportionate of children belonging to scheduled tribe accessing supplementary food from the Anganwadis marginally increasing. Further, data shows percentage of children receiving food is high among poor scheduled tribe households as compared to better off scheduled tribe households. Children belonging to scheduled tribe households are accessing around 60% of calorie from the supplementary food. Overall, average intake of energy is 977Kcal. Average daily calorie intake is lower than the RDA norm of 1350kcal. Thus, there is a shortage of average daily energy intake is around 373Kcal. However, both bivariate and multivariate analysis result shows that there is no difference in nutritional status of children between Anganwadi covered area and non-covered area. The primary survey result shows the impact of Anganwadi is partially effective in growth monitoring. **Conclusion:** There is no significant positive impact of supplementary nutrition through Anganwadi centres on under-nutrition status of scheduled tribe children. However, the programme is effective in growth monitoring and facilitating better healthcare for children. Government should take steps for ensuring quality supplementary food and promoting Anganwadi food as ‘supplementary to home food’ instead of ‘complementary to home food’.





## Health and Working Conditions of E-Waste Workers in India

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**Abstract:** Electronic waste, or e-waste, has grown exponentially in our tech-savvy world. It brings us the latest gadgets and conveniences, but it also leaves behind a trail of discarded electronics that require proper management. E-waste workers, the unsung heroes of this industry, bear the brunt of safety and health hazards and risks that arise from their work. The Workers who handle the collection, disassembly, disposal, and recycling of electronic waste, play a crucial yet often undervalued role in the socio-economic development of communities. However, it is crucial to recognize their contributions and address the challenges they face to ensure that their work continues to benefit both society and the environment. Most of e-waste workplaces are in the informal sector and workers rarely receive adequate protection. Workers need practical support to make their workplaces safer, healthier and more productive. This research paper provides an extensive analysis of the specific challenges faced by e-waste workers in India. It delves into the health risks, safety concerns, and working conditions that affect this workforce and explores existing regulations and potential interventions to improve their well-being.

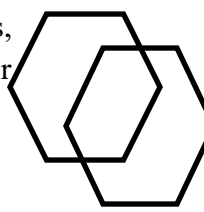
## Duration of Elderly Living With Non-Communicable Diseases and Their Work Participation

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**Abstract:** The ageing of India's population prompts a deeper examination of healthcare challenges, especially non-communicable diseases (NCDs) among the elderly. This study used data from LASI to investigate the number of years the elderly population has lived with NCDs and its impact on their work participation. It explores into socio-demographic factors and mean suffering years, revealing that over 50% of the elderly suffer with NCDs. Hypertension, affecting one-third of India's elderly, emerges as the most prevalent NCD. Diabetes follows closely, impacting 15% of the elderly population. Bone, lung, cholesterol, stroke, neurological disorders, heart diseases, and cancer are common among India's elderly. Among these NCDs, lung diseases exhibit the most substantial impact, with an average suffering duration of 11.3 years. Diabetes follows with 9.8 years of suffering, and neurological disorders and hypertension with 9.6 and 9.3 years, respectively. Bone health, heart diseases, cholesterol, and stroke have similar mean suffering durations of about 8.5 years. Urban elderly is observed to endure NCDs for longer durations than their rural counterparts. As age advances, the suffering duration also increases. Christians, Hindus, the general category, OBC, widowed, divorced, non-smokers, non-drinkers, physically inactive individuals, those with education, and those who never worked in their



lifetime have lived with NCDs for more years. Regarding work participation of the elderly, 22 percent with NCDs are currently employed, while 32 percent with NCDs have never worked. About nine percent of the elderly stopped working due to disability, and 12% left jobs for homemaking. Further analyses of the determinants of elderly work participation, with the duration of living with NCDs as one of the explanatory variables would be carried out.

### **A Study on Antenatal Care of Working and Non-Working Married Women in Kattumanar Koil Taluk, Tamil Nadu**

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**Background:** Reproductive health refers to the condition of male and female reproductive systems during all life stages. These systems are made of organs and hormone-producing glands, including the pituitary gland in the brain. Ovaries in females and testicles in males are reproductive organs, or gonads, that maintain the health of their respective systems. They also function as glands because they produce and release hormones. Through this form of preventive health care, women can learn from skilled health personnel about healthy behaviors during pregnancy, better understand warning signs during pregnancy and childbirth, and receive social, emotional and psychological support at this critical time in their lives. Through antenatal care, pregnant women can also access micronutrient supplementation, treatment for hypertension to prevent eclampsia, as well as immunization against tetanus. Antenatal care can also provide HIV testing and medications to prevent mother-to-child transmission of HIV. In areas where malaria is endemic, health personnel can provide pregnant women with medications and insecticide-treated mosquito nets to help prevent this debilitating and sometimes deadly disease. **Objectives:** To understand the antenatal care received by women during pregnancy among working and non-working married women and to analyze the socio-economic and demographic differentials of antenatal care among women in the study area. **Methodology:** This study is based on primary data with the sampling procedure adopted to select working and non-working women in the age group 15-44 in the Kattumannar Koil town under the Kattumannar Koil Taluk. The total sample size was 600 i.e., 300 working and 300 non-working married women. The statistical tools frequency tables, Chi-square, and binary logistics have been applied to meet the objectives. **Result:** Study results show a fewer variations had been seen between working and nonworking categories of women. Overall ninety percent of women had received full antenatal care during their last pregnancy period.

### **Polycystic Ovarian Syndrome (PCOS): Reproductive Health and Marital Anxiety**

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**Abstract:** This paper reports the findings from a qualitative study on the lived experiences of young women diagnosed with polycystic ovarian syndrome (PCOS). A total of nineteen (N=19) participants who were clinically diagnosed with PCOS were recruited for the study. The age of the participants ranged between 19 and 29 years. In-depth interviews were conducted to collect the data. The average duration of each interview was 75 minutes. Reflexive thematic analysis was used to analyse the data. The findings revealed 2 major themes – (i) Reproductive Health and (ii) Marital Anxiety along with 6 subthemes – sterility, stigma, stereotypes, marital uncertainty, rejection and conflict from in-laws. The findings of the study have the potential to provide actionable insights for reproductive health professionals, social workers, practitioners of community medicine, mental health workers and policy makers.

### **Impact of Anemia intervention on Knowledge Attitude and Practice of Government School Students in Madurai: A longitudinal study**

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**Abstract:** Anemia is a widespread deficiency disease that is considered a significant global public health issue, particularly affecting young children and women of reproductive age. While there are various factors, both nutritional and nonnutritional, that can cause anemia, iron deficiency stands out as the most prominent among them. Anemia serves as an indicator of both poor nutrition and poor health, greatly impeding the normal development of children. This condition poses a major public health problem, especially in developing countries, with significant social and economic implications. Numerous studies have established a close association between anemia and quality of life, even in later stages of life. It is crucial to address this issue through comprehensive measures to ensure proper nutrition and overall well-being for affected individuals. As per NFHS-5 findings, the prevalence of anemia has increased among children in almost all the states of India. Likewise, WHO 2019 study reveals 50% prevalence of anemia in women of reproductive age in India. In the district of Madurai, NFHS -5 shows that the anemia prevalence is 48% among adolescent girls which require serious intervention. Identifying the crucial importance of intervention, the present study is an attempt to understand the impact of Anemia intervention on the Anemia status, knowledge attitude and practice of School Students in Madurai where anemia prevalence is found high. The present study adopts Longitudinal Action research where a total of 24 corporation Government schools and 5 Government Schools were selected for intervention since 2019 till date. The data both quantitative and qualitative data are collected from Corporation School Students belonging to class 6th to 12 standard through questionnaire and Interviews to stakeholders like teachers, parents and project implementer.

## Violence and Insecurity among Dalit Women: A Study of Mahendragarh District of Haryana

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**Abstract:** Caste, Class, and Gender play a vital role in creating a social hierarchy in Indian society, in which those who are placed at the bottom usually remain vulnerable in socio-economic terms and excluded in cultural terms. Meanwhile, Dalit women suffer from two dominant risk factors of being Dalit and Female, which simultaneously increases the possibility of violence against them and makes them more subordinate in terms of power relations of the existing patriarchal social construct. They become more marginalized and excluded from mainstream politics which reduces their capability of getting escaped from the situation. The present paper explores the impact of cultural, social, and economic aspects of insecurity among Scheduled caste women of Mahendragarh district of Haryana. The data used in the study has been taken from the major research project of ICSSR, in which the sample size was a hundred.

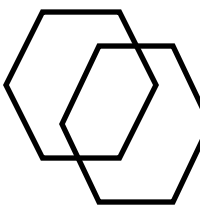
## Estimation of Urban population in different regions of India: Application of Pareto law

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**Abstract:** Many demographic, Economic and other studies divide India into five regions arbitrarily. The regions are different from study to study. According to Mitra, Mukaherji, and Bose (1980), India is divided into five regions- Northern, Southern, Eastern, Western and Central regions. Northern region includes– Chandigarh, Delhi, Haryana, Himachal Pradesh, Jammu and Kashmir, Punjab, and Rajasthan. Southern regions are Andhra Pradesh, Karnataka, Kerala, Lakshadweep Island, Pondicherry, and Tamil Nadu. Whereas Eastern regions include Assam, Arunachal Pradesh, Bihar, Manipur, Meghalaya, Mizoram, Nagaland, Orissa, Sikkim, Tripura, and West Bengal. The Western regions are Gujarat, Goa, Maharashtra and Dadra and Nagar Haveli and Central regions are Madhya Pradesh and Uttar Pradesh. The region wise study of urbanization of India is an important phenomenon to understand the urbanization with sociodemographic characteristic of the nation. In the present study India is divided into five regions. The data is collected for this study Census of India for 6 decades from 1961 to 2011. For estimation of urban population for different regions Pareto model was used for two ways one by taking C1 is urban population of largest city and another method by estimating two constants C1 and Pareto coefficient (Z) estimated by the principle of least squares and for testing of accuracy and bias MALPE and MAPE is calculated. The analysis of the study shows Pareto model is best fitted for all the regions of India and also it is observed that the model is best fitted for cities of smaller sizes.



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**Abstract:** Transgender people are marginalized; and often face discrimination in all societies. According to the Indian census they are coming under the grouping of “Others” under Gender with particulars related to their employment, literacy, and caste. It found regressive Indian society at large has been incapable of approaching the deviant and nonconformist gender identity. Transgender face Social Exclusion discrimination and stigmatization in sociocultural, economic, and political life. The current research assesses the quality of life of transgender people in Chennai city. Tamil Nadu is noted as one of the most open states with regard to the LGBT community, particularly transgender people. The study was exploratory in nature which aims to identify the social life, subjective wellbeing, environmental and personality factors, Health concerns, and satisfaction in their life.

**Geriatric Mental Health Needs: A Critical Evaluation of Current Mental Health Policies for Older Adults in India.**

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**Abstract:** Aging is known to lead to deterioration in physical health, cognition, and mental health. The mental healthcare needs of older adults are erroneously discounted compared to other population segments. A lower prevalence of self-reported diagnosed depression (0.8%) among older adults aged 60 years and above highlights a latent burden of mental health. The emerging need for geriatric mental health was recognized and included in the National Program for Healthcare of the Elderly (2011). The Mental Healthcare Act (MHCA) 2017 also addressed this need at a broader level, but the focus on older adults is conspicuous by the absence; however, it got the onus on governments to address quality and quantity deficiencies in human resources for mental healthcare. In 2019, India had only 0.75 psychiatrists per 100,000 populations against the required number of 3 per 100,000 population, even fewer were trained in geriatric mental health. The Comprehensive Primary Healthcare approach in India conceptualizes Mid-level Health Providers for providing mental healthcare for older adults; however, the training requires a thematic thrust. The total mental health budget for 2022-2023 was 1035.39 crore. 670 crore is direct - Ministry of Health and Family Welfare and 365.39 crore is indirect – Ministry of Social Justice and Empowerment for Scheme for implementation of Rights of Persons with Disabilities Act and welfare schemes for persons with disability that include disability due to mental illness but allocations that directly address psychosocial disability, especially the geriatric population are unclear. Through a comprehensive situational review of older adults and their needs in India, and by examining relevant academic literature, this study aims to critically analyze the current policy and support scenario for the mental health of older adults, attempting to provide suggestive policy-level recommendations for enabling an evidence-driven multimodal approach to mental health policy for the geriatric population in India.

## Changes in Hedonic and Eudaimonic Well-being in the Late Life in India: A Panel Data Analysis

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**Abstract:** Hedonia and Eudaimonia are two approaches to study well-being. Hedonia relates to “functioning well-being”, i.e. immediate sensory pleasure, happiness, and enjoyment. Eudaimonia relates to the consequences of self-growth and self-actualization, i.e. “feeling good”. Researchers primarily study (subjective) well-being from the perspective of hedonic well-being, which emphasizes a person’s evaluation based on his life (emotionally and cognitively). The paper studies the changes in the level of well-being from both hedonic and eudaimonic perspectives among older adults and the effect of demographic and health determinants on these changes. We used unit-level data from two waves of WHO-SAGE (2007-08 and 2015-16). A sample of 3034 older adults aged 50 years and above with seven years’ follow-up has been considered. We executed factor analysis to construct the indices of hedonic (13 indicators) and eudaimonic (23 indicators) well-being and applied multinomial-regression (wave-II as base) and fixed-effect model (for panel data) to fulfilled the objective. The mean score of hedonic well-being declined over time (18.4 vs 17.7), while for eudaimonic well-being, it slightly improved (14.1 vs 14.6). Nearly 38% of respondents showed deterioration on indicators from wave I to II, while 34-36% showed improvement. With the increase in age, a significant decline in well-being score was observed. Age, ADL, IADL, pain, and morbidity were negatively associated with hedonic well-being, while wealth quintile was positively related. Intraclass correlation ( $\rho$ ) shows that the difference across entities explains 43% of variance in the output. ADL, IADL, and pain were also negatively associated with eudaimonic well-being, while an increase in age, wealth and morbidity increased the feeling good component. The value of RHO was 58%. The results suggest that eudaimonic approach cannot be omitted from the discussion on well-being as a whole, as it has the component of acceptance and self-containment, which is living life in a fully satisfying way.

## Water and Sanitation in Rural Tamil Nadu: A Sociological Study

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**Abstract:** World Health Organization- WASH (2023) highlighted that Safe drinking-water, sanitation and hygiene are crucial to human health and well-being. Safe WASH is not only a prerequisite to health, but contributes to livelihoods, school attendance and dignity and helps to create resilient communities living in healthy environments. Drinking unsafe water impairs health through illnesses such as diarrhoea, and untreated excreta contaminates groundwaters and surface waters used for drinking-water, irrigation, bathing and household purposes. Tamil Nadu has emerged topper under the Union government's Jal Jeevan Mission, which aims to provide safe and adequate drinking water to all rural households. The main objective of the study is to



understand the availability of drinking water and sanitation facility among people in Rural Tamil Nadu. 38 Smaller villages have been selected from 17 districts of Tamil Nadu for the study. The study is descriptive in nature and it describes the availability and accessibility of water and sanitation among people of Rural Tamil Nadu. The study is empirical in nature based on primary and secondary sources of data collected. The findings of the study have emphasised that Tamil Nadu State has emerged as third among high population states in achieving rural sanitation targets. The Government of Tamil Nadu has managed to emerge topper in the country in its performance under centre's Jal Jeevan Mission which aims to provide safe and adequate drinking water to all rural households. The state government has stated water connections and individual drinking water pipelines have been given to 69 lakh households. The state has achieved rural sanitation targets. The principal secretary of rural development department has received third prize from President Murmu for Swachh Survekshan Grameen 2022 in the big states' category.

### **General Gynaecological Problems among the Rural Women in Tamil Nadu: A Study in Chidambaram Area of Cuddalore District.**

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**Abstract:** Gynecological morbidity has been defined as structural and functional disorders of the genital tract which are not directly related to pregnancy, delivery puerperium. The magnitude of gynecological morbidity was high with about 45% of the women reporting at least one gynecological morbidity, the most common being menstrual disorders. However, the proportion of women reporting at least two gynecological morbidities was much lower with menstrual disorders and uterine prolapsed being the most frequent. The women in the study area were probed to obtain information on general gynecological morbidity experienced by them. In this context an attempt has been made to study the general gynecological problems of the rural women in Tamil Nadu. Objectives: The prime objective is 1. To study the general gynecological problems of women in the study area. 2. To analyse the prevalence of gynecological problems of women with their socio-economic and demographic variables Methods and Materials: The data used in the present study was collected from 260 married women having at least one live birth selected randomly from the village under the Chidambaram area of Cuddalore District. The association between the general gynecological problems at various levels reported by the women in the study area and their SED background were established with the use of Chi-square test. Results: Out of 260 women, 45 percent of the women reported that they had one or the other gynecological problems. One –third of the women reported that they had irregular periods, 8.6 percent of women painful menstruation, 60.9 % of women white discharge, 34.2% of women lower abdominal pain /backache, anemia 13.5%, excessive bleeding 38.7%,itching during menstruation 10.8%,foul smelling discharge 6%, burning and frequent urination 19.7%problems reported by the respondents.

## Community Owned Quality and Affordable Health Care

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**Abstract:** Poor quality of services by the government and the unaffordable cost by the poor in corporate hospitals are the major complaints against the existing healthcare delivery system in India. Self Help Groups (SHG) promoted in Tamil Nādu and some of the other states have taken up a key role in providing and sustaining different services at the community level. The members of the SHGs promoted by the DHAN Foundation of Madurai came forward to invest their money to start primary and secondary hospitals through the SUHAM (Sustainable Health Advancement) Trust. Today SUHAM operates through three secondary care hospitals, seven primary hospitals, three retailed pharmacies, ten laboratories and five SUHAM Institute of Health Sciences. They identified socially minded doctors of various disciplines to serve in the SUHAM Hospitals, charging significantly lower fees than their regular charges, ensuring quality health care at affordable costs. All services pertaining to secondary health care are available in SUHAM Hospitals. This is primarily in Tamil Nādu, but it is also expanding to other states of India. SUHAM Hospitals are governed by a Board which has members drawn from the members of Self Help Groups. The day-today administration is carried out by professionals seconded by DHAN Foundation, the mother NGO. Based on external project funding, many federations of SHGs in different parts of the country, initiated community health interventions in the areas of childhood malnutrition, anaemia control, nutrition garden, reproductive and child health, malaria control, HIV/AIDS prevention and sanitation and safe water. They have sustained them through their own funds. Their health services are effective, efficient, and sustainable. SUHAM works in close coordination with the government in different states. They promote their own health insurance as well as utilise the government health insurance schemes. They work closely with the government health system.

## Help Seeking Behaviour of Women Who Experienced Domestic Violence

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**Abstract:** Domestic violence is a widely prevalent serious problem affecting all socioeconomic groups, cutting across nations, regions and cultures. It assumes various forms like physical, mental, emotional or/and sexual abuse towards a woman, the elderly in family or children. Domestic abuse has been continuously recorded as the most violent crime against women in India, under the legal head 'cruelty by husband or his relatives'. The domestic violence act passed in 2005, covers all forms of violence committed against women (GOI 2005). Despite this, domestic violence has been increasing (NCW 2021). Multiple complex combinations of factors have been identified as contributing to domestic violence, like culture and tradition, personal

attitudes and issues, socio-economic background, gender inequality, patriarchal attitudes, socialization, controlling behaviours and drugs/alcohol consumption. In India, it also includes dowry and husband's affairs (NCRB 2022). Studies have observed that domestic violence is seriously under-reported and there is very low helpseeking behaviour among the victims (Tripathi et. al, 2022; Gopi et. al, 2023) The National Family Health Survey-5 (IIPS 2022) reports that thirty percent of women age 18-49 in India have ever experienced physical violence since age 15 and 23 percent have experienced physical violence in the 12 months preceding the survey. Of all women in India who have ever experienced any type of physical or sexual violence, only 14 percent have sought help for the violence, and 77 percent have never sought any help nor told anyone about the violence they experienced. Against rising domestic violence and low help seeking behaviour, the paper attempts to investigate the factors that encourage/discourage seeking help from domestic violence in India. The paper would be based on data drawn from NFHS 5 (2019-21). Simple percentages, bivariate tables and logistic regression would be carried out to fulfill the objectives.

### **Underreported, Unmeasured, and Untreated Diabetes in India: Evidence from National Family Health Survey, 2019-21**

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**Abstract:** Diabetes increases the risk of premature mortality, the burden of multi-morbidities, disabilities, and socio-economic underdevelopment. The World Health Organisation (WHO) declared diabetes the ninth leading cause of death, directly linked to 1.5 million yearly deaths. Besides mortality, diabetes results in multiple morbidities and disabilities, namely kidney failure, blindness, stroke, heart attacks, and lower limb amputation. The global health budget spends nearly 12% to control diabetes and associated morbidities. It is a significant public health concern globally, with a substantial burden in low- and middle income countries like India. India has been identified as the "diabetes capital of the world" due to the high prevalence of the disease within its population. Previous studies are limited to undiagnosed diabetes and did not explore the prevalence of underreported, unmeasured, and untreated diabetes in the Indian context. Therefore, the present study estimates the levels and patterns of underreported, unmeasured, and untreated diabetes in India. This study used the data from the National Family Health Survey conducted during 2019-21. The women aged 15-49 years and men aged 15-54 years were included in the study. The results show that the prevalence of underreported, unmeasured, and untreated diabetes among women is 2.5%, 0.8% and 2.6% respectively among women. Among the men, the prevalence of underreported, unmeasured, and untreated diabetes is 4.3%, 1.1%, and 4.5% respectively. The prevalence of underreported, unmeasured, and untreated diabetes varied across the states and union territories of India and socioeconomic groups of people. Since the different states have different sizes and compositions of the population, the burden of underreported, unmeasured, and untreated diabetes is estimated to be wide-ranging. Therefore,

there is an urgent need to address the concerns of underreported, unmeasured, and untreated diabetes among both women and men for early detection and diagnosis of diabetes in India.

### **Job Performance of Women Police and its Determinants in Madurai District, Tamil Nadu**

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**Abstract:** Making a study on the job performance of women has become one of the key areas of research as many women have started working in different industrial sectors as well as service sectors. Women, in general, are receiving less salary for the same work in private companies compared to men. However, in the recent past, women take up job opportunities that are suitable to their educational qualification and the capabilities in various private sector establishments. Police department is a male-centred one for it has many risky tasks thus the aim of the study is to examine the job performance among police women and to identify its prime determinants. For this study Cross-sectional empirical data has been collected from 278 police women from Madurai district, Tamil Nadu state. The sample is selected based on stratified proportionate simple random sampling techniques. Data is analysed with frequency tables, cross-tabulations (means, standard deviations and One-way ANOVA / t-test) and step-wise regression analysis. The study revealed that Problems faced by police women while working outside police stations, long working hours per day and work pressure from different sources turn out to be negative predictors of job performance. Conversely, participation in wellbeing programmes, fair income of the family and the educational status have exhibited positive net effects on job performance. The study concluded that Job-related factors largely observed to be detrimental to job performance of police women. Appropriate suggestions have been given for enhancing the job performance of police women.

### **Grandmothers' Experience of Caregiving to Grandchildren Staying at Children's Place: A Study on Urban Indian Families**

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**Abstract:** The proportion of nuclear family has seen an increase. Young families shift to the urban areas to search for occupational opportunities, while their parents stay back at their native places. The need to live with parents emerges once again after the arrival of a baby in these urban, young and nuclear families. Grandmothers' support young parents who move to different cities, to take care of their young grandchildren. This study examines the lived experiences of grandmothers and their perspectives on their roles and responsibilities associated with taking care of grandchildren aged 0-5 years after they temporarily relocated to a different city with their

children. A purposive sample of 60 such grandmothers were interviewed using a semi-structured questionnaire. The content analysis of qualitative data yielded four key themes which reflect on the duality in their experiential accounts. (1) Grandmothers complaint against physical and mental health problems during grand parenting. The psychological health related problems arise due to work pressure, lack of companionship, leisure time and recognition of grandmothers' contribution, sense of displacement and generation gap with grandchildren. (2) They perceived lack of family bond between children and grandkids, and they can strengthen relationships and imparting family values, life lessons and cultural roots to their grandkids. (3) Grandmothers take care of food, nutrition, health and hygiene of grandchildren. They emphasized traditional food and dietary practices, and that their grandchildren miss proper nutrition in day-care facilities. (4) Grandmothers help mothers of grandchildren retain job and avoid financial difficulties by providing caregiving to grandchildren. They opined that crèche system is unnecessarily expensive and their presence can save their families from that expense. They also find relevance in providing emotional support to their daughters during post-partum depression. However, the societal expectation to take care of grandchildren is stronger for maternal grandmothers than paternal ones.

### **Financing Health Care of Elderly**

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**Abstract:** Health care in India is financed largely by households in the form of out-of-pocket as the government spending is estimated to be around 30 percent of total health spending in the country. Private sector plays a crucial role in delivering a large share of both in-patient and out-patient care services. Increasing cost of care tends to rationalise the care seeking among household members while ill. Earning members and adults may prefer to seek care at first while leaving other family members behind, including the elderly. Health's of elderly assume importance given the fact that the proportion of elderly in India is growing, and is likely to face major challenges when the boom of demographic dividend ends. This would be accentuated with the high burden of diseases that elderly face combined with lesser or no earnings by them. In this context, an attempt is made in this study to assess the utilisation and financing of health care of elderly. Data from the household surveys on morbidity and utilisation of health care collected by the National Sample Survey Organisation (NSSO) in its 71st and 75th rounds are relied upon for analysis. Key results indicate that elderly in India account for nearly 25 percent of total in-patient as well as out-patient visits. Elderly depend largely on private health care providers for their health care needs even though the cost of treatment is much higher in private hospitals as compared to public facilities. Nearly 50 percent of elderly treated as in-patients are categorised/ reported as labourers in agricultures, fisheries and factories. The proportion of elderly who are economically independent has declined both in rural and urban areas during the last decade.

## Hypertension among the Elderly in Rural India: Who Bears the Distance Cost of Public Primary Healthcare?

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**Abstract:** Hypertension is one largest contributor to burden of disease and mortality in India (stroke, ischemic heart disease, renal diseases) with a higher prevalence in urban areas and among the elderly. As India's population is aging and detrimental lifestyle factors (food habits, sedentary lifestyle) are becoming more prevalent in the population, raising awareness and improving the access to care and control will be central in order for India to achieve SDG 3.4 (reduce premature mortality from NCDs). The Indian Health Control Initiative, launched in 2018-19 with the aim to improve the control of hypertension has now been expanded to 138 districts in 26 states and has raised the awareness among patients and the number of visits for hypertension control. As the program relies on public primary health facilities, this paper looks at the way access to public primary care services (sub-centers, PHCs, CHCs) can affect the detection of hypertension in the rural population. Does the geographic distance to public primary care facilities impact the detection of hypertension in rural areas? Does it differ depending on wealth or on how physically mobile people are? We look at 1502 villages and more than 15000 people aged 45 and above from the LASI (The Longitudinal Ageing Study in India) cohort. 42% of the study group suffer from hypertension and only 54% of them are aware of their condition. Detection increased with wealth quintiles as distance to public primary care facilities is also better for wealthier quintiles. After controlling for individual, households and village specific covariates and the impact of public primary care access between poor and non-poor within the same village, we can conclude that improving access to public primary care facilities for the poor elderly is crucial for improving the early detection of hypertension.

## The Unseen Wounds of Anemia and its Implications for Domestic Violence


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**Abstract:** Globally, one-third of women have reported that their partner has physically, sexually, or emotionally abused them, and India is not an exception. Around 31.9% of Indian women faced violence either in the form of physical, emotional, or sexual abuse (NFHS-5). Intimate partner violence (IPV) may instigate cumulative levels of deprivation and psycho-social stress and may trigger the risks of anemia in women. Moreover, anemia can have a significant impact on women's physical, mental, and sexual health, it can disrupt the ability of the anemic women to deliver household and marital responsibilities leading to conflicts between her and her partner. So, the inability to efficiently perform daily household tasks can trigger violence against them. Therefore, having anemia can also be one of the reasons for the husband/partner being violent.





According to NFHS-5, more than half of the Indian married women (56%) within 15-49 years are anemic.

Moreover, 32.8% of anemic women within the age group of 15 - 45 years are victims of any form of IPV. Against this backdrop, the proposed study seeks to investigate a causal association between IPV and women's health outcomes, particularly anemia and body weight, in India using the recent round of the National Family Health Survey. The paper also explores the possibility of reverse causality of the prevalence of anemia triggering domestic violence. The proposed methods include propensity score matching (PSM) for establishing the causality. Preliminary results obtained from PSM indicate a significant impact of verbal and physical violence by the partner on women being anemic. Sexual violence, however, significantly impacts women being underweight. The study also found a significant impact of anemia on verbal abuse. However, the impact on other types of violence remains insignificant. We further explore the relationship between the two across different heterogeneous groups and various matching methods for robustness check.

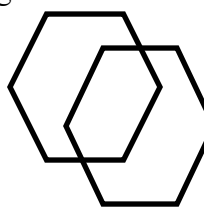
### **Association between Smoke and Smokeless Tobacco Use and Low Body Mass Index (BMI) Among Older Adults in India**

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**Objectives:** Tobacco use is the single most significant cause of global health burden. Existing literature shows that tobacco use is negatively associated with BMI and positively with waist circumference among the adult population. However, the association of different forms of tobacco use on BMI and waist circumference among older adults in India where different forms of tobacco have been used widely. This study aims to examine the association of smoke and smokeless tobacco use on low body mass index and waist circumference. **Methods:** The data for this study come from the Longitudinal Ageing Study in India (LASI) wave 1 survey. Bivariate analysis was carried out to understand the distribution of tobacco use, BMI, and waist circumference by sociodemographic and individual characteristics. Further, multivariate logistic regression models were used separately for BMI and waist circumference to examine their association with types of tobacco use. **Results:** The prevalence of underweight was 21 percent with significant state-variations. Results further indicate that 30% of study participants were tobacco users, the prevalence of smoking tobacco was 20% and smokeless tobacco was 12%. Further, regression results showed that significant positive association of tobacco use with underweight and waist circumference. Particularly, the association between smoking tobacco and underweight and waist circumference was stronger than smokeless tobacco use. Smoking tobacco use was related to a two-fold increase in underweight (odds ratio=2.0, 95% confidence interval [CI]=1.96, 2.23), whereas the odds of smokeless tobacco on underweight was 1.23 (95% confidence interval [CI]=1.17, 1.30). **Conclusion:** This study concludes that adverse implications of tobacco use on body mass index and waist circumference. Policies concerning



tobacco cessation and taxation have long-lasting benefits for the health of the older population residing in low and middle-income countries.

### **Indigenous Health Practices of Tribes in Tamil Nadu: With Special Reference to Paliyan Tribes**

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**Abstract:** Among the 1.1% of the total ST population in Tamil Nadu, the Paliyan tribe is one among the 36 categories of tribes. Sirumalai range of Tamil Nadu is the last mountain range of the Eastern Ghats where the Paliyan tribes live in. Traditionally nomadic hunter-gatherers, honey hunters and foragers in the forest, their life starts and ends within the forest for generations. Their livelihood depends purely on the natural vegetation and man-made farming. Thus, they are more prone to catch both communicable and non-communicable diseases spread by forest insects or animals due to several factors. The available literatures reveal that least priority to health, poor economic and sanitation condition, unhygienic practices and limited access to medical facilities are the major hindrance to improve their health status. Though there are some alteration in the health practice of the tribal people with the intervention of the government, the steps taken by the state government have not brought about the expected improvement in the health life. They continue to practice the ageold system of medicine which are called hand medicine, grandma medicine, country medicine, etc., The researcher wished to document the indigenous medicine being followed by this native people. So, this paper makes a modest attempt to document the same in relation to the communicable and noncommunicable diseases in the study area. This is purely based on the empirical study with exploratory research in the selected four hamlets adopting probable sampling technique. The study has used interview guide as research tool. Participatory observation method was also adopted. The outcomes of this study will be of very much useful to the health personnel in both government and non-government organization working in the social medicine and community health.

### **Cost-Effectiveness Evaluation of Public and Private Healthcare Systems in India among Tuberculosis Patients**

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**Introduction:** Tuberculosis (TB) continues to be a primary global health concern, posing significant challenges to healthcare systems around the world. Despite the existence of efficient treatment options, TB continues to be one of the most prevalent infectious diseases in the world and the 13th leading cause of death worldwide. The healthcare landscape in India is characterised by a dynamic interplay of public and private healthcare facilities. Patients grapples with the dilemma of opting for public or private healthcare services. The consequence of this decision-making process is that at times, patients commence their treatment regimen later than

medically advisable. Delayed initiation of treatment can result in exacerbation of medical conditions, leading to complications and increased treatment costs. This delay and its subsequent ramifications place a significant burden on healthcare providers and the system as a whole.

**Objective:** The study aimed to evaluate the clinical benefits and cost-effectiveness of type of healthcare facilities among TB patients in India. **Methods and Materials:** Present study utilised Decision tree modelling approach to understand the patients' short term behaviour of choosing and switching between the public and private healthcare facilities. Further, Another long-term model has been applied to examine the CEA of healthcare facilities in lifetime time period horizon. The model calculates the expected cost, transitional probability and quality of life (QoL) scores extracted from the literature. **Results:** Study resulted that Private facilities costs around INR 55,641 for TB patients, are far greater than public facilities (INR 3,777); similarly, private healthcare provides a higher QALYs (2.191) than public (0.675), Hence, the private facilities pose incremental cost of INR 51,864, but patients have a better quality of life with 1.516. Finally, The total ICUR values is found to be 34,208/QALY. **Conclusion:** Present study concluded that private healthcare facilities are likely to be cost-effective for the tuberculosis treatment.

### Health Status and Social Activities of the Elderly in Rural Setting

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**Abstract:** Though India is enjoying demographic dividend currently, the process of demographic transition would lead to greater burden of old age dependency. The increase in longevity of old persons demands care and support which entails high cost of medical health care and other forms of care needed by old persons. The present paper is an attempt to ascertain the relationship between the perceived health status of the elderly and with the social activities. Data were collected by interview method from 235 elderly people. The study was conducted in the Manur, Alangulam and Papakudi blocks of Tirunelveli District, Tamil Nadu. The finding revealed that more than one-fourth of the respondents (27.2%) state that they have poor health, 38.3 percent have average health. 23.4 percent have good health and only 6.8 percent stated that they have excellent health. It is noteworthy that the respondents are reported that their health status is affecting their social relationships (51.48%), recreational activities (25.10%) and their day-to-day activities of life (25.53%). One fifth (18.72) of the respondents are between the age group of young old (60 -70 years) having good health status. Health deterioration is one of the major factors in determining aged people's engagement within family and society. Age, Gender and family income of the elderly person has a bearing on his or her engagement.

**Association between Multimorbidity and Psychological Distress among Older Adults in India: The Moderating role of Elder Abuse**

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**Objectives:** In this study, we examine the association between multimorbidity and psychological distress and to what extent elder abuse mediates the association. **Methods:** We analyzed cross-sectional nationally representative data from the “Building Knowledge Base on Population Ageing in India (BKPAI)”. Multivariate logistic regression was used to understand the association between multimorbidity and psychological distress. We used Karlson–Holm–Breen (KHB) method to understand the role of abuse in mediating the association between multimorbidity and psychological distress. **Results:** Multivariate regression results suggest a positive association of abuse and multimorbidity with psychological distress. Older adults who ever experienced abuse (OR=1.69,  $p < .000$ ) or in last one month (OR=1.98,  $p < .000$ ) reported higher odds of psychological distress. Further, older adults with four or more chronic diseases are thrice more likely to report psychological distress (OR=2.95,  $p < .000$ ). The results further suggest the mediating role of abuse on the association. **Conclusions:** The results suggest a significant association between multimorbidity and psychological distress. The role of abuse in the association between multimorbidity and psychological distress is notable. Targeting older adults with multiple morbidity conditions and measures to reduce the abuse are important to improve the psychological wellbeing of the growing older population in India.

**Gender Micro-aggressions and Mental Health Wellness: A Study of Undergraduate and Postgraduate College Students in Chennai, Tamil Nadu.**

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**Abstract:** Gender microaggressions are brief, commonplace, daily verbal or behavioural indignities, whether intentional or unintentional, that communicate hostile, derogatory or negative gender slights and insults that potentially have a harmful impact on women (Sue, 2010). Gender microaggressions are usually a manifestation of a larger underlying problem such as gender inequality, patriarchy, etc and could be covert or overt in nature and have a huge impact on mental and emotional wellness of women. This study is an attempt to understand and explore the presence of microaggressions and its impact on anxiety, depression, stress and self-silencing behaviours in a group of undergraduate and postgraduate college students pursuing their education in Chennai, Tamil Nadu. The questionnaire covered self-reported experiences with micro-aggressions on a monthly and yearly basis. Mental health variables were assessed using the Beck Anxiety Inventory, the Beck Depression Inventory, and Perceived Stress Scale and the General Self-Efficiency Scale. A few questions were removed from the original scales due to the

appropriateness (or the lack of it) of the questions in the Indian context. Results from data collected from 102 students indicated that female college students experienced significantly more gender microaggressions than their male counterparts as far as the last month was concerned and did show not any significant differences within the last one year. This research serves as an important eyeopener in understanding microaggression as a silent, subtle, yet important causal variable in mental health wellness of students in the Indian context.

## **Rising Demographic Inequalities and Its Implication on the Political Representation in India**

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**Abstract:** India's dramatic demographic change caused by varying inter-state fertility levels has altered the balance of power among states. The task of delimitation has been delayed by 50 years (since 1972) of the freeze; since then, several constitutional amendments have refrained from increasing or reallocating parliamentary seats across states based on population. It has created a hefty representation ratio in the country. On average, a parliamentarian represents 2.5 million people. These anomalies have harmed the principle of equality of votes. The value of voters' votes in thickly populated constituencies becomes less than that of thinly populated constituencies. To ensure equal political representation, reallocating seats in Parliament must be done. This study focuses on the technical requirements and challenges of delimitation of constituencies and traces the impact that its aberrations may have on the concept of equal representation. It strives to capture the narrative of the delimitation exercise in India in the context of politics and legal developments. It debunks the casual justification provided for the freeze. It suggests a comprehensive engagement with the questions the issue generates to reform the irregularities of representation. This study has used statistical methods to build a delimitation framework using census and electoral data.

## **Does Temporary Migration to Parental House Assure Pregnant Woman a Better Maternity Care?**

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**Abstract:** Temporary movement to parental house during pregnancy by a woman is a common culture in India. Many women moved to their parental house during their 7-9 month of

pregnancy and lived up to post-partum period. It is also evident that the relationship status with other family member plays a significant role in maternal and child health care and mortality in the family. Care provided during pregnancy to ensure best health conditions for both mother and baby. This study aims to examine how short-term migration to parental house associated with utilization of maternal health care services i.e., (i) pre-partum care, (ii) intra-partum care and (iii) post-partum care in India using data from the National Family and Health Survey (NFHS- 5) 2019-21. It compares currently married women who have delivered a baby in past 6 months and associated with the head of the household as a daughter with the women who are related as head of the household daughter in-laws. A finding from this study documents that migration of women to parental house during pre-partum and post-partum period is positively associated with maternal health care utilization. However, they are less likely to receive Janani Suraksha Yojana (JSY) assistance. Hence looking at this cultural practices of temporary migration of women for delivery, the portability of JSY need to be strengthened.

### **Corporate Social Responsibility and Health Infrastructure Development in Rural India: Understanding the Role of Mobile Medical Units (MMUs)**

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**Abstract:** Establishing a mobile medical van as a Corporate Social Responsibility (CSR) project in India has long been an impactful initiative. Mobile medical vans provide essential healthcare services to underserved and remote communities, improving their access to healthcare. The health sector data has often highlighted that the areas or communities in India where access to healthcare is very limited lie mainly in rural India. National-level surveys like NFHS have assessed and understood the specific healthcare needs of the rural population. Several corporates and public sector undertakings consider partnering with local healthcare organizations, NGOs, or government health departments to initiate a CSR activity of starting a mobile medical unit or to enhance the effectiveness of already functional MMU. The mobile medical van is equipped with qualified medical professionals such as doctors, nurses, and support staff who can provide healthcare services in mobile settings. It is often equipped with basic diagnostic equipment, medicines, and facilities for minor treatments. The most crucial aspect of such a CSR project in the health sector is to engage with the local community to create awareness about the mobile medical van and its services. It is essential to build relationships of trust in order to encourage people to utilize the services and inform them about the schedule. Often, the lack of a system for monitoring and not evaluating the impact of the mobile medical van project affects the success of the MMU as a CSR activity. The present paper tries to understand the various MMU projects run by corporates and PSUs in order to suggest measures for the sustainability of MMUs.



## Assessing the Sociological Impact of the Miyawaki Method on Urban Health and Environment in Chennai, Tamil Nadu

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**Abstract:** The Miyawaki Method, an innovative reforestation technique developed by Japanese botanist Dr. Akira Miyawaki, has garnered significant attention worldwide for its potential to restore urban green spaces, enhance biodiversity, and improve environmental quality. This study delves into the sociological dimension of this method in the urban context of Chennai, with a particular focus on understanding its impact on both public health and the environment. A sample of 50 individuals residing in proximity to five Miyawaki forests within the city was surveyed and interviewed to explore the sociological implications of these urban green spaces. The study sample was selected to represent diverse urban settings, including residential areas, educational institutions, and commercial districts, aimed to capture a broad cross-section of Chennai's population and examine how proximity to such urban forests affects the attitudes, behaviours, and perceptions of residents, employed a mixed-method approach, combining quantitative surveys and qualitative interviews. The results of the surveys indicated that individuals living near Miyawaki forests reported higher levels of satisfaction with their immediate environment, increased engagement in outdoor activities, and a heightened sense of wellbeing compared to those residing farther away. Qualitative interviews revealed that participants viewed the Miyawaki forests as a source of social interaction, community bonding, and a means to escape the urban hustle and bustle. Furthermore, the study highlights the role of the Miyawaki forests in promoting environmental awareness and a sense of stewardship among the urban populace. Participants expressed a greater interest in environmental conservation and a growing sense of responsibility toward these green spaces. Certain challenges were also identified, such as concerns about maintenance, encroachments, and the need for sustained community involvement. In conclusion, the presence of Miyawaki forests contributes to improved wellbeing, increased community engagement, and heightened environmental consciousness among urban residents.

## Social Capital and Women's Ability to Receive Better Healthcare Services: Findings from LASI

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**Abstract:** India is witnessing rapid demographic changes with an ageing population, and ensuring access to healthcare facilities (HCFs) for older adults is a critical public health concern. However, more research has yet to explore the role of social capital (SC) in accessing HCFs

among older adults in India. This study seeks to address this knowledge gap by examining how social capital influences access to HCFs among older adults in India, with a specific emphasis on gender disparities. The study draws data from LASI Wave-1, with the sample of older adults (aged 45+) who reported visiting HCFs in the past year (male=19,835 and female=24,805). Descriptive and Multivariate logistic regression models are used to assess the association between SC and HCFs. Preliminary findings suggest that SC plays a significant role in healthcare access among older adults in India. Male older adults have higher social capital than Females, as a results they are more likely to access healthcare facilities, while females with lower SC were approaching public HCFs. On the other side, older men have access to all types of healthcare facilities despite having low social capital. Promoting social participation and strengthening SC among older adults, particularly women, may be an effective strategy to improve healthcare access in India. It may involve interventions such as community-based programs, social support networks, and policies that facilitate social engagement among older adults. Additionally, addressing gender-specific factors that influence healthcare access, such as social norms, cultural practices, and economic disparities, may be crucial in ensuring equitable access to HS to improve the health and wellbeing of older populations, especially older women in India.


### **Mental Health issues among women in Rural Rajasthan: Suggestive Interventions**

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**Context:** One important structural factor influencing mental health is gender. Numerous individuals afflicted with mental illness reside in developing nations, where access to care and treatment is limited. By addressing the determinants of mental health—namely, fostering social cohesion, reducing prejudice, and creating job opportunities—primary health care (PHC) initiatives and interventions can indirectly support mental health. **Objectives-** To characterize women's perceptions of mental health concerns and challenges, including depression, suicide, and violence, as well as their perceived causes, in rural Rajasthan; To recommend treatments that support mental health within a microcredit activity's developmental framework. **Methodology:** The proposed research is qualitative. To learn about their perceptions of the PHC project's influence on the factors influencing mental health, as well as their awareness of mental health and its determinants, suicide, depression, and violence, in-depth interviews were carried out. Focus groups discussion were employed to learn how women perceived the impact of mental health interventions and microcredit economic activities on their lives. The two parts of the mental health intervention were stress management and group counselling. **Findings:** Participants recognize that cultural and socioeconomic factors contribute to mental health and sickness. The most prevalent stressors, according to the traditional conceptualization of mental health as the absence of stress, were domestic violence, disagreements with husbands and mothers-in-law, and poverty. Following a mental health-promoting intervention, women had less



physical and psychological discomfort. The members' mutual social support gave them the impression that they weren't alone in life and could handle any circumstance. **Conclusion:** women in rural Rajasthan need access to suitable, reasonably priced therapies as well as referral and care networks. The research offered qualitative evidences that the inclusion of mental health interventions in the continuous economic activities had improved the lives of rural Rajasthan women.

### **Revitalizing Education: A Manager's Handbook on Implementing Power Napping Policies for Well-Being in Chennai's IT Hubs.**

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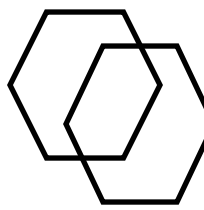
**Abstract:** In the dynamic landscape of Chennai's bustling IT hubs, where high productivity and continuous innovation are the norm, the quest for employee well-being has gained prominence. This research abstract delves into the transformative initiative with a targeted sample of 50 respondents. Recognizing the well-established benefits of power naps in enhancing cognitive function, reducing stress, and promoting overall well-being, this study endeavours to bridge the gap between corporate expectations and the fundamental human right to rest. The 50 respondents, comprising employees from various IT companies in Chennai, will participate in a structured power napping program during designated break times. The methodology employed combines quantitative data collection through wearable sleep trackers with qualitative insights gathered from in-depth interviews and focus group discussions. Respondents will be encouraged to adhere to the newly implemented power napping policies, allowing for a 20-minute nap during specified break intervals. Quantitative analysis will focus on key variables, including changes in sleep quality, productivity levels, and stress indicators, comparing pre- and postimplementation phases. Qualitative findings will provide nuanced insights into the subjective experiences and perceptions of employees regarding the introduction of power napping policies in the IT work environment. This research aims to yield actionable recommendations for managers and policymakers in IT companies, providing a comprehensive understanding of the impact of power napping policies on employee well-being and performance. By addressing the unique challenges of the IT sector in Chennai, this study contributes to the ongoing discourse on fostering a work culture that not only prioritizes productivity but also recognizes and upholds the fundamental human right to rest.

### **High Waist-Hip Ratio in Indian Couples: A Study of the Risk of Metabolic Complications**

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**Background:** The aim of the current study was to establish the prevalence and relationship of Waist-Hip Ratio (WHR), with their associated socio-demographic correlates, among Indian couples. **Methods:** The data was extracted from the fifth round of NFHS survey, a comprehensive single-phase, cross-sectional, population-based, epidemiological study of Indian residents, which was conducted in 2019 – 21. Bivariate, as well as multivariate approaches, were used to analyze data on 57,693 couples. **Results:** The prevalence of high WHR was respectively, 60.2%, 54.2%, and 36.3% for wives, husbands, and couples. Older men and women were more likely to have high WHR as compared to younger age men and women. Urban couples and Muslims were more likely to have high WHR than their rural and Hindu counterparts. Couples in the northern region were more likely to have high WHR than those from other regions of India. Men and women with higher educational attainments were more likely to have WHR than those were poorly educated. The prevalence of high WHR (above 0.90 for men and 0.80 for women) was, respectively, 42.2% and 39.7% among men and women with other occupations, which is higher than their respective counterparts in agricultural, skilled, and unskilled occupations. The study also found that men and women with elevated blood glucose (>160 mg/dl) were more likely to have high WHR than those with normal blood glucose ( $\leq 160$ mg/dl) who tended to have low WHR. Also, men and women with higher WHRs were found to be hypertensive. Rich couples also tended to have high WHR than those from the middle and poor households. **Conclusion:** The study demonstrates the importance of anthropometric measurements in couples, and the association of high WHRs with increased risk of metabolic complications, thereby pointing to their utility in the clinical management of these conditions in Indian couples.

### **Pairing Domestic Violence with Men's Alcohol Use, Tobacco Use, and Stunted Child in Indian Families**

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**Abstract:** Violence is a public health issue that disproportionately affects 30% of women. The violence is made worse by the use of narcotics, alcohol, and tobacco. Substance addicts have a far higher incidence of domestic violence than other people do. Stunting in children was associated with lifetime exposure of women to domestic violence. Hence, this study aims to investigate the pair of domestic violence with men's alcohol use, men's tobacco use, and stunted children in Indian families. The study used cross-sectional secondary data from the fifth round of the National Family Health Survey (2019-21). A total of 19,763 samples of families were analyzed using bivariate, binary logistic regression. Families in southern region face higher percentage (20.9%) of pair of domestic violence and men alcohol use as compare to other regions of India. Compared to rich families, poor families had higher odds (OR: 1.52; CI: 1.29 – 1.79 and OR: 1.54; CI: 1.29 – 1.84) of pair of violence and men's tobacco as well as pair of domestic violence and stunted child. Muslim, poor and rural families have higher risk of domestic violence and men's tobacco use as compared to Hindu, rich and urban families. Poor

families showed higher odds of suffering from domestic violence and stunted child. This study demonstrated that the prevalence of domestic violence with selected problem pairs was higher in the southern region, poor and rural families. Family education is necessary about the consumption of alcohol and tobacco use, domestic violence, and the undernourishment of children in families.

### **Assessing the Bottlenecks in the Oral Health Delivery System of Vulnerable community Mumbai (M-East Ward)**

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**Abstract:** Gap between people' needs for oral care compared to availing dental services in India is concerning. Despite rapid emergence of dental clinics in Mumbai and other cities, access, coverage and affordable dental services for people with low-income for basic oral health needs introspection. It is the existing milieu of oral health care services as available in low-income localities in urban metropolis of Mumbai data was collected. Paper's focus is on bottlenecks: awareness, access, quality of service and costs in availing the oral health services in Mumbai's M-East Ward. Closed-ended self-administered questionnaire was filled by 750 subjects through purposive sampling All respondents knew dentistry is a specialty and stated visiting dentist, not local health provider. At least one dental care facility was available within 1 km from homes of respondents. There is limited association between the times suitable to respondents and doctors' availability. Study concluded mismatch of time between the respondents' and doctors' time of meeting; and the waiting times is an impediment to achieve oral health care. 41% find dentist to be approachable only sometimes and 32.9% respondents find dentist not approachable. Patients reported dentists do not explain all aspects of treatment. Largest frequency is in "never-consulted" category while a fourth respondents were consulted. Higher education groups get less consulted compared to low education group. Older patients are less satisfied than younger age-groups with the extant facilities available. Most respondents met expenses on dental treatment from their savings and found treatment very expensive. Cost was dominant reason of hesitation to visit a dentist. Analysis suggests there are problems with quality of service, cost. Nearest government oral health facility is about far while private clinics and charitable clinics are expensive. Thus, coverage physical distribution of facilities by the government is limited.

### **Feminization of Contraception: An Analysis of Contraceptive Practices in India.**

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**Abstract:** Contraception comes under reproductive health enabling couples' autonomous decision making in family planning. There are various contraceptive methods available for both men and women on a permanent and temporary basis. The access to contraception is often determined by the social location of people and the contraceptive practices are shaped by the overall discourse around it. Sexuality for heterosexual men has connotations related to showcasing of masculinity in patriarchal societies. This often leads to men viewing contraceptive methods for them as a threat to their masculinity. Contraception then becomes a women's problem. An analysis of contraceptive practices in India consists of analysis of methods available to men and women, trends, access to those methods and agency in decision making. Due to grave inequalities based on gender, women do not exercise much agency over decision making about methods, timing and nature of contraception. It is often the husband and mother in law under whom the whole decision making is scrutinized. Over last few decades the rate of male sterilization camps has gone really low, while rate of female sterilization have gone high. The methods available for women pose severe consequence for their health remain the most prevalent practices, while methods available for men, though more reliable and safe, remain limited and less preferable. The discourse around reproductive health being a women's issue continues being responsible for feminization of contraception in India. This paper attempts to compare contraceptive practices in Haryana and Kerala.

### **Increasing Suicides among Young Population in Educational Institutions: A Public Health Crisis**

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**Abstract:** Incidences of Suicides are on the rise among young population. This is a cause of serious concern. As per (Sarveshwar, S and Thomas, J, 2022) the young population below 25 years constitute 53.7 per cent of the population and as per NCRB in 2020, a student took their own life every 42 minutes which means on an average everyday more than 32 students are committing suicide. It is very shocking. The global situation on suicides among young population is also alarming. This paper primarily shall highlight the psycho-social concern - Increasing Suicides among Young Population - and the varying challenges underlying them. Student mobility has been increasing and understanding this concern shall help various stakeholders to act upon it accordingly. Child and Youth well-being is not only the family responsibility but it is a social responsibility. It is necessary to examine why students in Educational Institutions are having such suicidal thoughts, what influences them to take up such drastic steps, what psychological support is available for them and what could be ways to prevent them. It seeks multi-disciplinary perspectives and approaches to deal with it efficiently. This paper will highlight the research studies in the last one decade which has brought out evidences on Suicides and its related problems among young population. This will help us to understand the Issues and Challenges in the respective countries and come up with recommendations.



## Effects of Physical Activity on School Children

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**Abstract:** Sports is an activity involving physical effort and skills in which an individual or team competes against another or others for entertainment. From enhancing cardiovascular fitness and promoting muscular strength to improve mental clarity and emotional resilience, the effects of regular physical activity are profound. This holds especially true for school children, where engagement in physical activities are not only contributes to physical health but also influences cognitive function and academic performance. In this research paper, evidence shows that participating in sports assists in better social skills, physical strength, higher self-esteem, self-confidence, self-control, self-concept, more capability, and it reduces children's screen time. Further, it also helps in reducing symptoms of depression and anxiety disorders. This shows that participating in sports has a positive impact on mental health as it improves the overall quality of children's life. In this study, the qualitative research method is used by using the phenomenological method type. The datas are collected through a direct unstructured interview method among children. Extensive research needs to be done on how sports are helpful in reducing the symptoms of various mental disorders so that the findings can help mental health professionals to include sports as part of intervention of mental disorders.


## Maternal Anemia and Mortality of Tea Workers: A Sociological Analysis in the Chai Bagans

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**Abstract:** The tea plantation industry, the country's largest organized sector, represents a significant area of concern regarding the health of its workforce. Despite the Plantation Act of 1951, which legally mandates tea firms to safeguard workers' health, implementation has fallen short, resulting in a prevalence of maternal anemia and mortality among tea workers. The repercussions extend to neonatal deaths in tea gardens due to maternal undernourishment. The absence of sufficient health planning and basic healthcare facilities, particularly for women, underscores the pressing need for in-depth academic investigation into the root causes of the high rates of maternal anemia and maternal deaths in the country's Chai Bagans (tea gardens). In doing so, the paper will focus on tea worker's, especially pregnant worker's socioeconomic conditions including working conditions, housing, water and sanitation. The paper aims to achieve three major objectives (i) access the nutritional status, hygiene and sanitation of women workers of Chai Bagans (ii) examine the healthcare accessibility of pregnant tea workers and (iii) exploring the exploitative working conditions of pregnant and breastfeeding women tea workers



and how it has an impact in overall health. This study underscores the necessity for comprehensive and effective governmental measures and advocate vital policies for pregnant tea workers' well-being. This paper is entirely based on literature review and secondary sources, aiming to comprehend the complex factors influencing their well-being. It will be both qualitative and quantitative in nature. This paper argues that pregnant tea workers live in extreme disadvantaged and undernourished positions with no adequate provisions for their healthcare and nutrition by the management.

### **Mental Health of Older Adults with Parkinson's disease: The Role of Treatment Methods**

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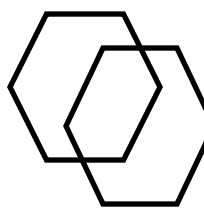
**Abstract:** Parkinson's disease is a neurodegenerative, progressive disorder that affects dopamine-producing neurons in a specific area of the brain called substantia nigra. Patients with Parkinson's (PwP) may be exposed to various motor symptoms namely tremor, gait, problems in balance and non-motor symptoms such as anxiety, depression and constipation. There are several types of treatment methods such as traditional, surgical, pharmacological and therapeutical (Involving gene therapy and Stem Cell therapy) are all been rendered since Parkinson's is also called "Snowflake Disease" because it has various unexplored idiopathic symptoms. The aim of this review is to compile the current empirical evidence associated with the treatment of Parkinson's disease which involves both traditional and modern methods. Search engines and databases respectively Scopus, PubMed, Google Scholar, ProQuest and Jstor were surfed. The article was themed according to the kinds of treatment methods namely, Ayurveda, Unani, Siddha, Homeopathy and Allopathy (Medication and therapies). The findings suggested that the treatments provided might have an impact on the psychological and emotional well-being of the disease-affected individuals. Furthermore, the effect of treatment strategies on psychological wellness is also influenced by motor and non-motor symptoms.

### **A District-Level Geospatial Analysis of the Availability of Improved Water and Sanitation among Tribal Households in India**

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**Abstract:** Despite progress in Sustainable Development Goal (SDG) 6, which envisages clean water and sanitation for all, enormous disparities in access to water and sanitation services between and within countries continue to be a significant challenge. Evidence on determinants and spatial heterogeneity of water, sanitation, and hygiene (WASH) practices among the Scheduled Tribe (ST) population is limited in India. This study estimates the spatial heterogeneity in ST people's access to improved water and sanitation facilities and its correlates at the district level in India. Geospatial techniques like Moran's I, univariate and bivariate local indicator of spatial association (LISA), and spatial regression models were carried out for 707 districts covered in the fifth round of the National Family Health Survey (NFHS-5), 2019-21. Stata was used for descriptive analysis, and ArcMap and GeoDA for spatial analysis. Only about half of ST households had access to improved water and sanitation facilities in India. Spatial heterogeneity across districts is evident, with only one-fourth of tribal households in 25 districts, mainly in Bihar, Jharkhand, Odisha, and Tamil Nadu, having access to improved water and sanitation facilities. The study identified 130 districts as hot spots and 131 as cold spots in tribal-dominated highland and plateau zones. Gender and age of the household head, family type, and region were significantly associated with improved water and sanitation facilities among tribal households. The findings underscore the need for infrastructure development, targeted interventions, policy initiatives to improve access to improved water and sanitation among tribal households in India.

## **Association between Marital Duration and Initiation of Intimate Partner Violence in India**

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**Background:** In India, intimate partner violence (IPV) against women is a widespread problem. Despite its prevalence, there's a lack of evidence-based research on the connection between marital duration and IPV. Examining whether IPV varies systematically with marriage duration is a crucial step in developing effective interventions. This study aims to explore the association between women's recent IPV experiences and the duration of their marriages. **Methods:** The study uses data from the recent round of National Family Health Survey, 2019-21. The frequency (i.e., sometimes and often) and severity (i.e., moderate and severe) of IPV experiencing physical, sexual, and emotional violence were used as outcome variables. Duration of marriage was used the predictor variables. Further, OLS regression model was used to see the statistical association between IPV and marital duration. **Results:** Around 29% of the married women aged 18-49 years ever experienced any physical or sexual IPV and 23% of them experience such violence in last 12 months. The mean duration of IPV (either physical or sexual) was 3.3 years after marriage. The initiation of sexual violence starts (Mean 3.17, SD: 4.22) slightly earlier than the physical violence (Mean 3.32, SD: 3.94). Around 90% of the IPV initiation starts within 7 years of marriage and 50% of those were initiated within third year of marriage. The initiation of IPV starts early in urban areas than in comparison to the rural areas. The regression results shows late

marriage (>18 years) is negatively associated with the initiation of IPV whereas age of women is positively associated with the initiation duration. **Conclusions:** IPV initiations starts at an early age in India than in comparison other countries in South-East Asian countries when compared with available literatures. An early intervention through counselling is required to curtail such gender-based violence against women in India.

### **Causes of Domestic Violence against Women in India**

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**Abstract:** Family violence or Domestic violence is any psychological emotional or physical abuse that impairs the ability of the abused person to function in a healthy way or causes the person to be afraid. Wife battering is a crime that is victim precipitated this has been largely proven by three aspects social, legal and psychological with large help from recent cases, at home or abroad and through the numerous myths or sayings. Objectives of the studies are To understand the awareness and knowledge about family (domestic) violence as subject. To find out the causes and Types of family (Domestic) violence. In order to attain the objectives of the study, it was felt that primary data collection was required and hence a city of Gulbarga was selected. Logically Gulbarga district has been selected as the study area because it is one of the backward districts in the Hyderabad Karnataka (Kalyan Karnataka) region in terms of development. Pertain to 700 hundred ever married women from Gulbarga City i.e. the north part of Karnataka State. Further this representative sample size belongs to 28 wards out of 55. And were selected 25 respondents from each sample ward in order to fulfill the requirements of efficiency representativeness and reliability. In brief it is reasonable to say, the family or domestic violence is a very ancient and personal concept to be taken up for the debate, in fact family issues are embedded in many factors, mainly social, economic and behavioral that must be considered if solutions are to be feasible and effective.

### **Combating Malnutrition among Vulnerable Groups**

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**Abstract:** Reducing malnutrition and improving food security is not just about health, agriculture and economics but it also accounts for politics, Governance and power. Reforms planned in FAO panel on food security aims at making the committee on World Food Security an inclusive international and inter-governmental platform dealing with Food Security and Nutrition. This includes supporting national anti- hunger plans ensuring all relevant voices are heard in the policy debate on Food and Agriculture strengthening linkages at the local, regional and national, levels. Several Programs such as National Nutrition Policy (1993), National Nutrition Plan of Action (1995), National Nutrition Mission (2001) not at achieved nutrition goals. Because nutrition improvement is not a stated goal with measurable parameters in National Food Security Mission, National Horticulture Mission and National Rural Health Mission. As the global Agri- food systems face challenges to feed an ever-growing global

population, resilient cereals like millets provide an affordable and nutritious option. The UN General Assembly adopted a resolution declaring 2023 as the international year of millets. The resolution considers the urgent need to raise awareness of millet's climate-resilient and nutritional benefits. Millets can play an important role in the livelihood of the masses and contribute to the collective efforts of empowering small land holding farmers, achieving sustainable development, eliminating hunger, adapting to climate change, promoting biodiversity and transforming agri-food systems. Intervention of various viable technologies to improve the food & nutritional status of the population proved the following facts: Promotion of malt based small scale food provides opportunity for rural women to develop entrepreneurship and employment. It also provides food and nutritional security through additional income. Several technologies like value addition to fish & prawn products, artificial pearl culture, processing of salted fish was developed under National Agricultural Technological Project which helped the self-help group women of Andhra Pradesh, Karnataka, Kerala and Tamil Nadu to improve their economic status. Received two patents for fabricating **I) Low-Cost Ice Cream Freezer** (to prepare ice cream with small quantity of milk in rural area) **and II) Fresh Fish Vending and Display Table** (which helped the fisher women to reduce their drudgery and also preserve the fresh fish for a longer time without getting spoiled) The technology was licensed twice. Food Product development can be taken as an income generating activity in the rural areas by the illiterate women which can be included in supplementary feeding programs mainly to improve the nutritional status of the children. The horse gram which is commonly used for cattle feed can be diversified for human consumption with less investment. Mothers as well as Anganwadi workers preferred amylase rich supplementary foods preferred as these supplementary foods better as compared to earlier supplied food i.e., *ready to eat food*. Introducing red palm oil is beneficial to overcome vitamin A deficiency. The supplementary income of women has a positive impact on the nutritional status of the family.

### **How did COVID 2019 Affected Migration in India**

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There is no universally accepted definition of return migration but IOM (2019) defines it as “the act or process of going back or being taken back to the point of departure.” The concepts and contexts of return migrants were ignored for several decades even after Ravenstein’s (1885) renowned law: “Each main current of migration produces a compensating counter-current” European social scientists ignored the phenomenon of return migration and believed in only one way permanent migration (Gmelch, 1980).

This paper analyses return migration based on the recently published Periodic Labour Force Survey data (2020) and the 64<sup>th</sup> NSSO round (2007-08) in an attempt to capture the differences in the trend pattern, volume and background of the return migrants. One of the salient features of this paper is that the data used in this paper has helped capture the real migration situation caused by the COVID pandemic induced lockdowns. The differences in the gendered migration,

variation on the occupation at the place of last residence has drawn a clear picture of the returnees. This paper would showcase the impact of COVID restrictions and its effects on the population.

Return migration is a common phenomenon and has been recorded and studied for the last few decades but this study dives into the return migration which was generated due to COVID pandemic induced governmental lockdowns. The lockdowns imposed by the different government bodies had a huge impact on all forms of migration worldwide. This study provides a background of the worldwide phenomenon in an Indian context. Migration occurs for various reasons but COVID has induced massive waves of return migration, this study provides a detailed expression of who returned to where, what employment did they leave behind, if more people returned to rural or urban areas, and more. This study potentially explains the migration experience of the people of India during a global pandemic as it compares with regular migration situations and trends of previous years.

### **A Socio-Legal Research on Human Organ and Tissue Transplantation with Specific Reference to Tamil Nadu**

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“The transplantation of organs will be assimilated into the ordinary clinical practice... and there is no need to be philosophical about it. This will come about for the single and sufficient reason that people are so constituted that they would rather be alive than dead”- Sir Peter Medawar.

The modern era of medical science has attained peaks in the recent arena, where the transplantation of the human organ and tissues is a significant one among them. Organ transplantation is a technical process where the organs which are classified into regenerative and non-regenerative organs permits the defective non-regenerative organs to be replaced. It is a corrective method for the chronic organ failures and is been regularized and legalized by the Transplantation of Human Organs and Tissues Act, 1994. The prevention of commercialization and exploitation has been the objective of the existing legislations. Despite various effective measures taken by the concerned authorities there are paucities hindering the implementation of the THOT Act. The state of Tamil Nadu has taken various efforts to contribute towards the swift accessibility for transplantation. The state which once ranked top in the rate is now revamping by various modern recognitions and alternatives. This research work will focus on the social and legal aspects of the transplantation and also provide the recommendations for betterment with specific reference to the state of Tamil Nadu.

### **Alcohol Consumption among Tribal Migrants in Bhubaneswar City**



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**Background:** Alcohol use has been identified as one of the risk factors for Non-communicable Diseases (NCDs). Evidence from India indicates that alcohol consumption is very common among native tribes. However, there is a dearth of information on alcohol consumption among the tribal migrants belong to 'Santal' tribe. Considering large chunk of Santal migrants residing in Bhubaneswar city of India, it is relevant to gather data on alcohol consumption among this community. **Objective:** To estimate the prevalence of alcohol consumption among the migrants of 'Santal' tribe (aged 18-69 years) residing in Bhubaneswar city, Odisha, India. **Methods:** A survey was conducted using World Health Organization prescribed STEP wise approach for NCD risk factors surveillance during January to April 2023. A total of 516 Santal migrants who had been staying in three slums of Bhubaneswar city were selected through cluster sampling methods. STEP Instrument was used to assess the behavioral risk factors of NCDs including alcohol use. **Results:** The overall prevalence of alcohol consumption among 'Santal' migrants residing in Bhubaneswar city was 81.8% (95% CI: 78.3 – 84.9). Alcohol consumption was more prevalent in male i.e. 87.3% (95% CI: 83.2 – 90.7) compare to the female i.e. 74.1% (95% CI: 67.9 – 79.6). Prevalence of alcohol use 88.7% (95% CI: 83.4 – 92.7) among the respondents having the age between 45 - 69 years was higher compared to the alcohol use 78.2% (95% CI: 73.5 – 82.3) among respondents having the age between 18 - 44 years. Of the current alcohol users, harmful consumption of alcohol was found among 41.9% (95% CI: 37.3 – 46.7) of the respondents. **Conclusion:** This study reveals high magnitude of alcohol consumption among the migrants of Santal tribe residing in Bhubaneswar city, India. The finding suggests for designing and execution of focused interventions for prevention of alcohol misuse among this tribal migrants to reduce their health risk.

### **Post-Traumatic Stress Disorder, Burnout, Depression, Anxiety and Stress among Ambulance Drivers in Tamil Nadu, India: A Comprehensive Analysis**

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**Abstract:** - Ambulance drivers play a vital role in Emergency Medical Services (EMS), serving as key responders during critical "golden hours" for patients in need of life-saving care. However, due to the nature of their work, these drivers are exposed to various physical and mental health issues in their day-to-day activities. Unfortunately, there is research limited available on this topic in India. Thus, the present study aims to achieve two objectives: (i) estimating the prevalence of Post-Traumatic Stress Disorder (PTSD), burnout, depression, anxiety, and stress among ambulance drivers in Tamil Nadu, and (ii) identifying the factors that contribute to these mental disorders. A descriptive and analytical cross-sectional study design was employed, utilizing pre-designed survey instruments. The Impact of Event Scale-Revised

(IES-R), Depression, Anxiety and Stress Scale 21 (DASS-21), and Maslach Burnout Inventory-Human Services Survey for Medical Personnel (MBI) were utilized to assess various dimensions of mental health issues. Descriptive statistics, chi-square tests, and multivariate logistic regression (odds ratio) were employed for statistical analysis. The findings revealed a high prevalence of PTSD, depression, anxiety, stress, and burnout symptoms among ambulance drivers in Tamil Nadu, aligning with similar trends observed in other Asian countries. Factors such as experiencing violence while on duty, sleep duration, involvement in first-aid after life-saving training, and contractual job status were identified as associated factors influencing these mental disorders. Urgent health interventions are required, including treatment and training to maintain good health, establish work-life balance, and provide professional life-saving training for ambulance service personnel.

### **Association between Contraceptive Use and Interpregnancy Interval in India: Evidence from Pooled Data**

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**Abstract:** Many women in developing countries do not use contraception after birth and so they are more likely to become pregnant once fecundity return. However, still, it is unknown the contribution of contraceptive methods for postponing subsequent pregnancy in India. In this condition, it is become essential to understand the role of contraceptive methods for interpregnancy interval (IPI). IPI is the duration from the outcome of pregnancy to the conception of the subsequent pregnancy. Further, we want to understand the practice of contraceptive use and its association with IPI. We used the reproductive calendar canvassed in National Family Health Survey (NFHS) 2005-06, 2015-16, and 2019-21, a nationally-representative survey pooled data, to examine the associations between contraceptive use and IPI, for the 149,449 women sample. We used bivariate and multinomial logistic regression to examine the associations. About 23% of women used any contraceptive methods after the previous pregnancy. Approximately 60% of women conceive their subsequent pregnancy <18 months. Women using contraceptive methods had lower odds (RRR:0.21;95%CI:0.20,0.23) of having an IPI of <6 months than 18-23 months than women not using them. Women using contraceptive methods had higher odds (RRR:1.42;95%CI:1.35,1.50) of having IPI of 24-59 months than at 18-23 months compared with those not using contraceptive methods. Women who are using modern and traditional contraceptive methods had higher odds (RRR:1.45;95%CI:1.37,1.54) (RRR:1.38;95%CI:1.29,1.47) respectively of having IPI of 24-59 months than 18-23 months and in comparison, with those women not using any contraceptive

methods. The finding concluded that using modern contraceptive methods increases the duration of IPI in India over traditional methods. However, there is a need to more focus on using modern methods after the pregnancy outcome to increase the IPI.

## Abstracts

### Papers for POSTER Presentation

#### Socio-Economic Factors Contributing to the Short Birth Interval among Reproductive Aged Women in India: An Inequality Decomposition Analysis

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**Background:** World Health Organisation recommends at least 33 months of spacing between two consecutive live births (birth-to-birth). A birth-to-birth interval of fewer than 33 months, a short birth interval, can cause adverse health problems for both mother and child. This study attempts to investigate wealth-based inequality in the short birth interval and what are the contributing factors to the inequality. **Methods:** The study included one hundred nine thousand four hundred thirty-nine women of reproductive age from the fifth round of the National Family Health Survey dataset. Erreygers concentration index was applied to examine wealth-based inequality in the short birth interval, and the decomposition of the Erreygers normalized concentration index was used to investigate contributing factors in wealthbased inequality of short birth interval. **Findings:** The Erreygers normalized concentration index (ECI) was -0.1326 (SE=0.0035, p value<0.001) which points out that the short birth interval was more concentrated among the poor household women. Further, the Erreygers concentration index decomposition

indicated that the place of residence (53.5%), age of mother (11.8%), the total number of children before the index child (25%), and mass media exposure (5%) were the major contributors of the pro-poor inequalities in the short birth interval. **Conclusion:** The Erreygers normalized concentration index revealed that the short birth interval is concentrated among poor wealth women. Therefore, creating awareness through mass media about the benefits of an adequate birth interval between consecutive live births, especially among rural young mothers and strengthening pre-existing government policies and initiatives are necessary to reduce the short birth interval proportion.

### **Educational Attainment Plays Pivotal Role in Cognitive Functioning of Older Tribal Population in India**

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**Introduction:** Enhanced cognitive functioning is closely linked with the overall health and well-being of the elderly population. The pivotal role of education in determining cognitive capabilities is widely recognized. Particularly, tribal communities, who often endure vulnerability and marginalization due to limited educational access, predominantly reside in rural Indian regions, magnifying their susceptibility to cognitive decline. **Objective:** Our study delves into the influence of education on cognitive functioning among tribal older adults in India. **Method:** Our investigation draws on secondary data from the LASI -2017- 18, a nationally representative sample. The sample consisted of 62,322 adults ages 45 years and older. Cognitive functioning was assessed using continuous measures of five global cognition domains adapted from the MMSE. Linear regression was used to identify the associated factors. Decomposition analysis identified major contributors to cognitive differences between tribal and non-tribal individuals. **Results:** Regression results revealed significantly lower odds of better cognitive functioning among individuals in the tribal category compared to non-tribal counterparts (Coefficient: -1.33;  $p < 0.001$ ). Decomposition analysis illuminated that a considerable 77.5% (Coefficient: -2.73;  $p$ -value  $< 0.001$ ) of the divergence attributed to caste-based differences was elucidated by varying characteristics. Addressing the educational chasm between tribal and non-tribal adults could potentially ameliorate cognitive inequity by 39% while narrowing the rural-urban residence divide could contribute an additional 8% reduction. **Conclusion:** notably, among others, the absence of education emerges as a pivotal factor in the cognitive underdevelopment within India's tribal populace. Tailored educational policies targeted at tribal communities promise to foster cognitive growth and defer cognitive health deterioration.

### **Maternal, Child, Socio-Demographic and Household Factors Associated With Under Five Mortality Rate among Scheduled Tribes in India: An Analysis of National Family Health Survey-5 (2019-2021)**

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**Background & Objectives:** Under-five mortality is found to be high among the Scheduled Tribes in India compared with the general population. This study examines the association of different maternal, child, socio-demographic, and household factors associated with under-five mortality among scheduled tribes in India. **Methods:** Data from the National Family and Health Survey (NFHS)-5 (2019-2021) for the Scheduled Tribes, across all Indian States and Union Territories were used for the analysis. Binary logistic regression and multivariate logistic regression were performed to identify the association of maternal, child, socio-demographic, and household factors with under-five mortality among the Scheduled Tribe population. **Results:** Maternal factors, including the mother's level of education and antenatal care during pregnancy, were identified as the significant factors associated with under-five mortality; among the child factors, the sex of the child, and birth order of the child were the significantly associated variables; type of state zone, religion, and wealth index of the family were observed to be the significant socio-demographic and household factors associated with under-five mortality among Scheduled Tribe population in India. **Interpretation & Conclusion:** Analysis of under-five mortality among scheduled tribes in India showed a significant association between different maternal, child, socio-demographic, and household factors, and under-five mortality in India among Scheduled Tribe population. Grass root level interventions such as the promotion of female education, addressing the vast wealth differentials, and provision for family planning services with a focus on reducing under-five mortality are essential in improving the survival of under-five children among the Scheduled Tribe population in India.

### **Husband's Involvement in Birth Preparedness: A Study among Young Married Men in Tamil Nadu**

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**Background:** Men have traditionally not been fully involved in reproductive health care of their partners. However, many studies suggest that increasing male involvement in maternal health care may improve maternal and new-born health outcomes. Under this background an attempt is made to examine the husband's perception and role towards the birth preparedness among young married men in Tamil Nadu. **Methods:** A cross-sectional study of married young men with one child born six months before proceeding the survey at under privileged district of Tamil Nadu in 2023. Totally 259 young men participated in the survey. **Results:** Of the total 259 men respondents, majority of them belongs to Hindu (84.6percent), residing at rural (60.6percent), nuclear family (87.6percent), SC/ST (41.3percent) category and the mean age of the respondents was 31.41 years. With respect to their understanding about puberty, more than one-third of them had less puberty knowledge (38.2percent) and little more than one-fifth of them had poor

knowledge on menstrual problems (22.4percent). About one-fifth of the husband had complete knowledge on pregnancy. The study also discloses that three-fifth of the husband's had less (19.7percent) and moderate (39.4percent) knowledge on antenatal care services. It also noticed from the study area that around seventy percent of the husband had more knowledge on natal care services. With respect to birth preparedness, about one-fifth of the husband had less preparedness and just about thirty percent of the husband were fully prepared for their spouse child delivery. **Conclusion:** It can be concluded that the male partners' involvement in birth preparedness was relatively high in the study area. Considering the lack of existing research study on male involvement in maternal care, this study represents a valuable snapshot of the correlates of male involvement. It provides a useful base for further research, particularly into links between different types of involvement.

### **Examining the Role of Women's Healthcare Autonomy on Maternal Health Services among Left-Behind Women in Rural Koch Bihar**

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**Background:** Women's autonomy plays a vital role in promoting the well-being of women, children, and communities, with far-reaching implications for gender equality, human rights, sustainable development, economic productivity, social justice, and equity. This study examines the impact of women's healthcare autonomy on the utilization of maternal health services among left-behind women in rural Koch Bihar, West Bengal. **Method:** Our fieldwork was conducted from October 2022 to February 2023 in rural Koch Bihar, West Bengal. We adopted a mixed-methods approach, involving surveys, interviews, and focus group discussions with left-behind women in the district. The study included 384 women aged 15-49 who had given birth to a live baby within the five years preceding the survey, with 192 having migrant husbands and 192 having resident husbands. We analysed the data to explore the relationship between women's autonomy in healthcare decision-making and their usage of maternal health services, such as antenatal care, institutional delivery, and postnatal care, using binary and multivariate logistic regression. **Results:** Among migrant husband women, the likelihood of positive maternal and women's health outcomes is lower when decisions are shared with the husband/partner (AOR: 0.109\*\*\*, 99% CI: 0.045-0.236), Husband/partner alone (AOR: 0.195\*\*\*, 99% CI: 0.080-0.474) and In-laws or others (AOR: 0.091\*\*\*, 99% CI: 0.029- 0.288). Further, meeting with ANM/ASHA is associated with a 2.44 times higher likelihood of positive maternal and women's health outcomes compared to not meeting with them (AOR: 2.44\*\*\*, 99% CI: 0.747-7.968). Similarly, among resident husbands, the likelihood of positive maternal and women's health



outcomes is significantly higher when decisions are made jointly with the husband/partner (AOR: 2.976\*\*\*, 99% CI: 1.408-6.293), Husband/partner alone (AOR: 1.381\*\*\*, 99% CI: 0.627-3.040). **Conclusion:** In conclusion, these findings should guide policymakers and healthcare providers in developing tailored interventions to address the specific needs of this population

### **Effect of Low-Salt food Cooking Demonstration on Blood Pressure among Patients with Hypertension in Puducherry, South India: A Pre- Post Pilot Intervention study**

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**Abstract:** Salt is a common ingredient in packaged and restaurant food. Many health education programs and awareness campaigns are promoting a low-salt diet. The study aimed to assess the effectiveness of low-salt cooking demonstrations in lowering blood pressure among patients with hypertension. A Pre- Post Pilot Intervention study was conducted in Puducherry, South India. Patients with hypertension (aged 30 -59 years) were selected as participants. Blood pressure readings were taken pre/post-intervention for assessment. A low-salt recipe demonstration and interactive session focusing on encouraging participants to lower their daily salt intake was given as an intervention. There was a significant reduction in mean SBP by 2.3 mm of Hg (95% CI 3.0-0.9,  $p < 0.001$ ) and mean DBP by 2.4 mm of Hg (95% CI 3.1-1.4,  $p < 0.001$ ), following three months of intervention. The study has addressed how incorporating low-salt food items in the daily diet was beneficial in reducing blood pressure.

### **Workers Right to Provision of Employee State Insurance Scheme (ESIS) and its Implementation in Steel Industry Workers with References to their Occupational Healthcare in Odisha**

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**Abstract:** The provision of the Employee State Insurance Scheme (ESIS) for occupational health hazards among Indian steel industry workers constitutes an important aspect of ensuring their health and well-being and safeguarding rights. This paper investigates the significance, implementation, and benefits of the ESIS for occupational healthcare within the steel industry. The study also assesses the workers' knowledge of ESIS and their employment contract details. A cross-sectional survey was conducted among steel industry workers in Odisha, India. The study was conducted with 425 industry workers by adopting the Population Proportion to Size (PPS) technique. The primary data was taken from a steel industry situated in Angul district of Odisha. The study used a structured interview scheduled with unorganised male workers to assess the

provision of ESIS and its implementations for occupational healthcare. Statistical Package for Social Sciences software (SPSS) was used in the analysis process by using the univariate and bivariate models to assess the objectives. The study showed 59.1% of respondents were in an employment contract. Sixty-five percent of the respondents had knowledge about ESIS, and 58.6 % enrolled under the ESIS scheme. The demographic factors of respondents vary in their benefits for the ESIS. Education, technical education, occupation, type of work, household income and working hours were strongly associated with the respondents' knowledge of ESIS and their enrolment under the scheme. Only 34 % of respondents are getting ESIS benefits during the treatment and 22 % were satisfied with ESIS benefits. The lengthy process and many document requirements are major barriers to not getting benefits from ESIS during OHH. Addressing these challenges requires a concerted effort involving policy reforms and awareness campaigns for knowledge promotions. This is required a collaborative initiative between employer and authority to ensure the benefits of the scheme which contribute to their occupational healthcare.

### **Utilisation and Accessibility of Healthcare Services among Gig Workers: A Systematic Review**

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**Background:** Access to healthcare services is crucial for the well-being of individuals and society, yet disparities in healthcare utilisation persist. The study attempts to explore the existing literature on the factors that impede the utilisation and accessibility of healthcare among gig workers. **Purpose:** The paper is to study the socioeconomic and demographic determinants in utilising healthcare services for gig workers, particularly delivery workers. The purpose of this paper is to highlight the current trends in the utilisation and access of healthcare services and identify the directions for future research in this field. **Methodology:** The study will seek to conduct a Systematic Literature review (SLR) method, systematically searching academic databases using predefined keywords on existing literature about the trend of utilisation and access to healthcare services. Based on the systematic selection of research articles, 29 articles were identified from Pubmed for review published in the last five years. **Findings:** The results of the study will show how current factors affect the way gig workers access and use healthcare. It will also provide insights into how government communication campaigns can improve access. These findings will shape policies to reduce inequalities and improve healthcare access and utilisation in the gig economy.

### **Gender Differences in Age of Onset in Non-communicable Diseases: Evidence from India**

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**Objective:** Despite increasing global awareness of the risks posed by non-communicable diseases and the growing recognition of the necessity for preventive policies, there are notable gaps in the body of evidence concerning gender differences in NCDs. Majority of the research on gender differences in NCDs primarily stems from high-income countries, with limited representations from low-and middle-income countries, though low-middle income countries exhibit distinct gender patterns in NCDs due to variations in gender-related social norms & behaviours within these diverse cultural contexts. This situation is no exception in the case of India, where gender dynamics & deeply ingrained in the socio-cultural structure. Therefore, the present study aims to explore the gender-specific estimates of age of onset of chronic diseases among older adults in India. **Methods:** For the empirical analysis, we used the data from the Longitudinal Aging Study in India Wave 1 (2017-18). The study employs bivariate, Kaplan-Meier survival estimation, and Cox proportional hazards models. **Results:** The findings of this study demonstrate that despite having the biological advantage in life expectancy at birth, women experienced the early onset of chronic diseases. Women tend to develop any NCDs, almost one year earlier than men (Mean age at onset of NCD was 53.2 years among men and 51.8 years among women). Age at onset is distinct for each type of NCDs for men and women. Across all categories of NCDs, the onset tends to occur earlier in women than men. Hazard ratios of the age at onset of NCDs were greater among women than men even after the adjustment for socioeconomic characteristics. **Conclusion:** The study advances that although women may have certain biological advantages in survival rate, any benefits they receive from these biological aspects are countered by the social disadvantages they face.

**Factors Influencing Comprehensive Knowledge HIV/AIDS and Attitudes towards People Living with HIV among Unmarried Men in India**

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**Background:** Globally, HIV/AIDS remains a pressing public health issue. In India, it ranks as the third-highest burden of HIV/AIDS, with 2.4 million adults living with HIV in 2022, including 62,000 new infections. Alarmingly, only 79% are aware of their HIV status. Limited research on knowledge and attitudes regarding HIV/AIDS among adults due to limited sample sizes and regional biases requires this study. It seeks to fill this gap by investigating the proportion and factors associated with comprehensive HIV/AIDS knowledge and accepting attitudes among unmarried men in India. **Methods:** We analyzed data from 36,892 sexually active unmarried men using the nationally representative National Family Health Survey 2019-21. Our primary outcomes were comprehensive knowledge of HIV/AIDS and accepting attitudes

towards PLWHIV (categorized as yes or no). We calculated proportion across various background variables and used logistic regression to identify associated risk factors. **Results:** In India, 93.1% of unmarried men were aware of HIV/AIDS, but only 30.8% possessed comprehensive knowledge. Additionally, 22.5% displayed a positive attitude towards PLWHIV. Notably, the age group 30-34 demonstrated the highest levels of comprehensive knowledge (42%) and positive attitudes (29%). Moreover, factors such as higher education, employment, urban residence, different religious beliefs, and access to mass media were positively associated with significantly higher odds of having comprehensive knowledge of HIV/AIDS and an accepting attitude towards PLWHIV. **Conclusion:** In India, 3 in 4 people lack comprehensive knowledge of HIV/AIDS, increasing the risk of new infections among sexually active unmarried men. To address this, a vital focus must be on disadvantaged individuals with low education, Scheduled Tribe backgrounds, unemployment, and poor economic status. Additionally, there's an urgent need to expand HIV/AIDS education campaigns within communities, schools, and colleges. This comprehensive approach is highly recommended to enhance awareness and knowledge about HIV/AIDS, thus reducing infection risks among vulnerable populations.

### **Family Dynamics and Caregiving for Individuals with Locomotor Disabilities: A Comprehensive Perspective**

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**Abstract:** Family support and caregiving are indispensable for facilitating the social integration of individuals with locomotor disabilities. A family that provides adequate care and support increases the likelihood that its members will be active members of their communities. To meet existing and future needs, income inequality, social inclusion, non-discriminatory attitude, healthcare and accessibility must be aligned and necessary resources must be ensured. In addition to providing care, familial support has a crucial role in reducing inequities within families, irrespective of the presence of individuals with locomotor disabilities. The purpose of this analytical research paper is to present inter-family relationships with quantitative empirical evidence gathered using a correlational research design in Tamil Nadu. Further, the comprehensive examination of sample determinants is thoroughly addressed in the complete research article. The paper draws from a multidisciplinary approach, integrating sociological, psychological, and healthcare perspectives. It discusses the impact of societal attitudes and policies on individuals with locomotor disabilities and their families, considering the potential for social stigmatization and discrimination. Furthermore, Sustainable development also addresses the economic effects of caregiving, including carer productivity and support system roles. By acknowledging the significance of family relations and caring in the lives of people with locomotor impairments, A negative correlation has been observed between household income and the likelihood that an individual with locomotor disability will be granted adequate

social support. Regardless of one's level of education, place of residence, or gender, individuals are likely to receive a reasonable level of care and support from their social network. On all its facets, the presence of greater family and social support improving the level of living for individuals with locomotor disabilities contributes to the reduction of inequalities.

### **Understanding Men's Masculine Attitude towards Women's Roles and Activities in Rural Maharashtra, India: A Cross-sectional Study**

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**Introduction:** The United Nations (UN) fifth Sustainable Development Goals (SDGs) emphasised gender equality, empowerment of all women and girls, and ending all forms of discrimination against women and girls globally. Men's proclivity for abuse is founded on patriarchy, which enables men to be superior to and subject to women and control women's access to resources and decision-making power. **Objective:** We sought to understand men's masculine attitudes toward the roles and activities of women in rural homes and society. **Methodology:** We conducted a cross-sectional survey of 593 never-married men aged 18-49 years living in rural Pune, India, from January 2018 to August 2018. A fully structured interview schedule was used to collect information on sociodemographic, socioeconomic, IPV, and gender equity attitudes related questions. Based on their GEMS scores, men's attitudes toward gender equity were classified as high, moderate, and low equity attitudes. We used multinomial logistic regression to evaluate the relationship between men's opinions toward gender equity and their socioeconomic level. **Results:** Overall, nearly 26% of men reported high gender-equity attitudes. According to responses on women's roles in households, more than 90% of men believe women should tolerate domestic violence to keep their families together. Almost two-thirds of men believe that wives should adhere to their husband's rules (83%). According to the adjusted multinomial regression analysis findings, the likelihood of men having high gender equity attitudes decrease with age. The adjusted multinomial odds ratio for GEM Scale indicates that men from the 21- 25 age group had a high odds of gender equity attitude (AOR = 15.40; 95% CI: 4.812, 44.322) compared to men aged 30-35 years (AOR = 4.06; 95% CI: 2.010, 12.526). **Conclusion:** The study's findings indicate that many men adhere to patriarchal norms which influence men's attitude toward gender equity.

### **Examining Inequality in Contraceptive use among the Indian Population: Evidence from the National Family Health Survey, 2019-21**

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**Abstract:** In 1952, India accepted the nationwide family planning program. Almost seven decades India has completed the program still, but there is less utilization of contraceptives among the Indian population. So, study aims to assess the level and determinants of contraceptive use in India. Also, examine the inequality in the utilization of contraceptives. The study used fifth round of National Family Health Survey (2019-21) to fulfill the study's objective. Univariate, bivariate, and multinomial statistical techniques were used to determine prevalence and determinants. Also, concentration index is used to see the inequality in contraceptive use. The analysis found that around 56 percent of respondents preferred the modern contraceptive method; ten percent used the traditional method, other side 33.9 percent people not using any contraceptive method for family planning. Affluent family found less utilization of traditional methods of family planning. The multinomial result shows the prediction of contraceptive use with different background characteristics. Here the base outcome is not using any contraceptive method. Modern contraceptives are used more among primarily educated women than non-educated. Similarly, finding with household wealth increases, the use of modern contraceptives increases. Religion reveals that Muslims, Christians, Sikhs, and Others are less likely to use traditional contraceptives than Hindus, with statistically significant results. The concentration index shows that inequality in using contraception is significantly present in the urban population. The study concluded that the use of traditional contraceptives is still higher. Other side, not using any contraceptive method prevalence almost thirty percent. Age, education, household wealth, birth order, and women's desire for children are the main determinants of the contraceptive used. Therefore, the study suggests that while preparing a family planning policy, the government should consider above aspect to make people aware about contraceptive methods nationwide.

### **Challenges Faced by Tribal Women in Seeking Diabetes Care: A Qualitative Study from Meghalaya State in Northeast India**

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**Background:** Literature has documented the rise in the prevalence of chronic diseases in rural India and among tribal populations. However, limited research has been conducted on the tribal communities, particularly for diabetes. Therefore, the present qualitative study aims to understand the challenges faced by tribal women in seeking care for type 2 in Meghalaya from the perspectives of healthcare service users and providers. **Methods:** In-depth interviews were conducted with 60 tribal women with diabetes residing in rural Meghalaya, India, and with 52 health professionals and health workers who helped select women with diabetes. Data analysis was conducted using NVivo software. Thematic analysis was done to identify the main themes emerging from the study. Both researchers regularly discussed emerging themes rigorously, and the study presented the main themes. **Results:** Despite implementing the diabetes control program in the district public health facilities, the quality of diabetes care continues to be poor.



Women shared their poor satisfaction with the services available due to the inability to interact with the same doctor and the poor availability of diagnostic tests at public health facilities. Gender-based roles and responsibilities limit women's access to health facilities, even in a matrilineal society. There is an absence of continuity of care for tribal women with diabetes.

**Conclusions:** From an equity perspective, it became clear from the study that tribal women depend on public health facilities for diabetes treatment. The intersection of gender, ethnicity, class, and economic status makes managing diabetes challenging for tribal women. This is a significant finding for policy recommendations regarding providing comprehensive healthcare services in rural tribal areas.

### **Disparities of Health Infrastructure and Manpower in India (A Comparative Study of Urban and Rural Areas)**

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**Abstract:** Healthcare divide between rural and urban area is one of the significant issues facing by Indian healthcare sector. An effective, inclusive and accessible healthcare system is required to address the disparity. Despite nation's progress and prosperity, equitable access of healthcare services to rural and urban areas still poses a threatening issue. According to a report published by United Nations 75 per cent of health-related infrastructure, medical workforce, and other health care resources are concentrated on urban areas where 27 per cent of population of India resides. In rural India, there is limited availability of health infrastructure and medical workforce. As compared to urban communities, rural area faces a severe shortage of accessing health care services caused divergent health outcomes This paper showed a comprehensive analysis of status of discrepancies in health infrastructure and manpower in rural and urban areas in terms of health care professionals, doctors, nurses and other supporting staffs. In addition to this, it identified the root causes for the imbalances in health infrastructure and manpower across rural and urban area. The information required for the study has been collected on the basis of secondary sources especially from Rural Health Statistics. Descriptive analysis is used to provide an overview of disparities in in health infrastructure and manpower in rural and urban areas. t –test used to analyze the difference between health- related infrastructure and manpower in rural and urban areas. The study provided an evidence-based platform for addressing the gap between health-related infrastructure and manpower in rural and urban areas that helps Indians to access equitable healthcare services regardless of geographical location.

### **Love, Violence, and Mental Health: Navigating the Challenges of Dating Relationships among Young Adults in Mumbai City**

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**Abstract:** Understanding the dynamics of romantic relationships, the prevalence of dating violence, and its impact on relationship satisfaction and mental health is critical for young adults in India as they transition to adulthood. Despite having relatively conservative parents and inadequate sex education, many young adults in India are adopting Western dating culture. To gain insights into this trend, we conducted a quantitative survey of 842 college-going students aged 21-29 years, qualitative interviews with ten females and ten males, and key informant interviews with counselors, police officers, and relationship coaches in Mumbai city. Results showed that young adults in India initiate dating at an average age of 18, with an average of 1.99 partners, and the mean duration of relationships is two years. Communication breakdown and emotional incompatibility were the primary reasons for breakups, and almost 75% of the students concealed their relationships from their parents. Furthermore, our study revealed that 31%, 15%, and 23% of young adults experienced offline emotional, physical, and sexual dating violence, respectively. In addition, 43.36%, 19.69%, and 10.4% experienced overall digital monitoring, digital aggression, and digital sexual coercion. Male victims were more prevalent than female victims in all types of violence except sexual violence, but women were more likely to report injuries out of physical and sexual violence. Individuals who experienced violence in their relationships reported lower levels of relationship satisfaction, which was significantly associated with poorer mental health outcomes. These findings highlight the challenges Indian youth face as they navigate dating relationships and the importance of promoting healthy relationships through sex education programs. Encouraging open communication between parents and children and promoting healthy relationships can help foster a safer and healthier transition to adulthood for young adults in India.

### **Sex Differences in Chronic Pain and Its Treatment among Middle-Aged and Older Adults of India**

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**Abstract:** Significant disparities exist in the prevalence of chronic pain between the sexes, with females consistently reporting higher rates compared to males. These disparities are primarily linked to the biological and physiological characteristics of females. However, there is a notable lack of exploration regarding disparities in treatment, particularly among middle-aged and older adults in India. The study aims to assess the prevalence of chronic pain and its treatment with a focus on gender differences. The study used data from the first wave of the Longitudinal Aging Study in India (LASI), 2017-2018. It is a nationally representative, prospective cohort study that surveyed adults aged 45 years and above and their spouses, regardless of age. Females (41.81%; 95% CI: 39.99 - 43.62) exhibit a notably higher prevalence of chronic pain compared to males (29.54%; 95% CI: 28.05 - 31.02), regardless of other contributing factors. This discrepancy may arise from a complex interplay of biological, psychological, and social differences between the genders.

Surprisingly, only three-fourths of women experiencing chronic pain receive any form of treatment, including analgesics, therapy, or external interventions, and this figure is even lower among men (69.95%; 95% CI: 68.16 - 71.74). These findings underscore the presence of biases within the healthcare system, potentially perpetuating disparities in pain management. This study sheds light on the significant disparities in the prevalence of chronic pain between middle aged and older adults in India, with women consistently reporting higher rates compared to men. Moreover, there are existing biases within the healthcare system that may contribute to the under-treatment of chronic pain, thereby perpetuating gender-based disparities in pain management. Addressing these biases and improving access to effective pain management strategies for all individuals, irrespective of their gender, is imperative to enhance the quality of life for middle-aged and older adults experiencing chronic pain in India.

### **The Focus of Research Articles on Nutrition and Emotional Intelligence for Up-Scaling the Health of Students: A Content Analysis**

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**Abstract:** Nutrition is an integral part of physical health, and emotional intelligence is an integral part of managing the emotions of an individual and they make substantive contributions to the overall health of an individual. Given the combined significance of nutrition and emotional intelligence, this study aims to analyse the need for educational interventions on nutrition and emotional intelligence in academic institutions for their positive effects on the health of the students. Content analysis research tool is adopted for this study. Through comprehensive search on google scholar, a total of 45 highly cited articles, which were published in various international journals over the course of 13 years, spanning from 2009 to 2022 utilized as research samples. The articles focused on significant areas such as the impact of nutrition and emotional intelligence on overall health, dietary choices and eating disorders, and the role of emotional intelligence in the management of stress and healthy behaviour. The main attributes of the selected studies focused on the relationship between emotional intelligence and eating behaviour, the influence of emotional intelligence on management of stress and healthy habits, dietary practices of nutrition students compared to non-nutrition subject students, and the effectiveness of education intervention on emotional intelligence and dietary choices. On analysing the result and conclusion of the selected articles it is inferred that emotional intelligence and nutritional knowledge are significant contributors for developing proper eating behaviours, healthy practices, and stress management attitudes and it comprehensively supports the third sustainable development goal “Good Health and Well-being”. The findings of this study

supported the need to implement emotional and nutritional intervention programs to achieve positive health effects in society, which paves the way for the implementation of such health interventions in academic environments in the early adjustment of young populations.

## **Reflections on Understanding the Social and Economic Determinants of Health Status and the Future of Health Equity in India**

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**Abstract:** Social and Economic conditions are major determinants of Health Status. In India, social inequality is shaped by income, wealth, education, employment, social location indicators such as caste and tribe categories, and physical health indicators such as disability and infrastructure facilities and it interacts in complex ways to affect Health Status. Despite the improvements in healthcare in India, true equity remains a long way off. Health equity is important because the existing healthcare infrastructure has always been centered on those who can pay. There are two types of healthcare – private and government – with vastly different services and levels of quality, hence access to healthcare is not equal. The cost to society of unequal healthcare is high. There is much we can do to change the lack of healthcare equity in India. This includes improving hospital and clinic infrastructure and looking at non-infrastructure-based interventions like telehealth, channeling non-governmental resources in the most disadvantaged areas, and engaging with people to encourage them to prioritize their health. When it comes to the general population, education is essential in building awareness around chronic diseases and the importance of early diagnosis. The need to increase advocacy around healthcare issues, address the challenges in improving access to healthcare, and build capacity in different communities is a must. Good healthcare should be available at affordable prices and access should extend outside of bigger cities. There are four things to focus on in trying to achieve health equity: one is ensuring access to primary care, second is increasing education and awareness around specific diseases and the value of early diagnosing, third is finding innovative or disruptive ways to improve access to healthcare without needing costly infrastructure projects like telehealth, and fourth is working directly in underserved areas to craft hyperlocal solutions to fit their unique needs.


## **Effect of Women Self-Efficacy and Men's Attitude on Contraceptive Use**

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**Abstract:** Reproductive health program in India has always focused on married woman but husbands were never part of these programs. This study focuses on factors effecting FP attitude of men and self-efficacy of women and how does these two impacts on Family Planning (FP) outcome of married couple. This study uses the data of 360-degree study which was conducted



under Family planning Monitoring learning and evaluation (FPMLE) project funded by BMGF in two districts of Uttar Pradesh, namely Aligarh and Fatehpur. This quantitative study was conducted during February–April 2022 using pre-tested questionnaire. The 13-item scale on self-efficacy of contraceptive use among women was decomposed in two variable using factor analysis 1) discussing FP with their husbands and 2) use method without husband awareness. The 13-item scale investigating the men’s attitude for contraceptive use was converted to positive statements and additive score was generated and categorized into not positive (25-36) and positive (37-47). 63% of women has self-efficacy to discuss family planning with their husband and 51% of husbands has positive attitude for contraceptive use. Logistic regression shows that individual education, age, and occupation are significantly associated with self-efficacy of women and FP attitude of husband whereas household factors such as wealth index and religion were not associated. Regression result also shows that higher self-efficacy of women and positive FP attitude of men were significantly associated with higher use of modern contraceptive methods and reversible methods. This study concludes that better education and employment are significantly associated with women self-efficacy and husbands FP attitude. And higher self-efficacy of women and positive attitude of husbands towards family planning results in better contraceptive use of couple.

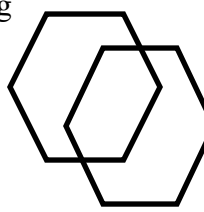
### **Trends in Tobacco use among Adults in India**

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**Background:** Tobacco use remains a serious and persistent national problem. It is the only legal product that kills a large proportion of its consumers. The World Health Organization has estimated that tobacco contributes to approximately 8 million deaths annually, with the majority occurring in low and middle-income countries, where the burden of tobacco-related illness and death is heaviest. **Objective:** This study aims to examine the trends of tobacco use among Indian adults based on the socio-demographic characteristics. **Data and Methods:** The nationally representative sample survey of the Global Adult Tobacco Survey (2009-10 and 2016-17) and National Family Health Survey (2019-21) are used to find out the trends of tobacco use among adults (15 years and above) in India. Bivariate analysis was conducted to examine the patterns of tobacco use and the socio-demographic characteristics of adults. The significance of association in socio-demographic characteristics was assessed through the Chi-square test. **Results:** At the national level, there has been a decrease in tobacco use from 34.6% to 23% during 2009-10 and 2019- 21. Among men, the decline was from 47.9% to 38.1%, while among women, it has dropped from 20.3% to 9%. Mizoram and Tripura consistently report higher levels of tobacco use compared to other states. Further, despite reductions in various demographic characteristics, no significant decline was observed in rural areas, among individuals aged 35 years and above, and among those with lower educational levels who adhere to the Buddhist faith. **Conclusion:** Considering the implementation of various MPOWER measures in the last decade, there has been a significant reduction in tobacco use among adults in India. Despite this progress, ongoing



health challenges from tobacco require targeted anti-tobacco education, particularly for those with lower education in rural areas, to address the hazards associated with tobacco consumption.

### **An Assessment of Janani Suraksha Yojana in Rural Odisha: A Sociological study on Awareness, Attitude, and Utilization Patterns**

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**Abstract:** Safe motherhood is perceived as a human right, and the health sector is constantly encouraged to provide quality services to ensure this. The Janani Suraksha Yojana is a safe motherhood initiative created by government of India with an aim to reducing maternal and neonatal mortality rates by promoting institutional deliveries and providing financial assistance to marginalized pregnant women. The main feature of health system in Odisha are geographic inaccessibility of health services, obstacles restricting the demand for healthcare, ignorance of health practices, poor service quality and proper confidence on informal health providers. The success and impact of the Janani Suraksha Yojana in rural Odisha depend on several factors, including awareness about the program, attitudes towards institutional deliveries, and implementation patterns in the region. With this background the present study aims to evaluate the effectiveness and impact of the JSY program in the rural areas of Odisha. The study also focuses on understanding the awareness levels, attitudes, and implementation practices in the region. To conduct this study, primary data was gathered from pregnant women in Bhadrak district of Odisha using in-depth interview and FGD methods and secondary data were gathered from district office and NFHS data sources. The study findings show that education, income, caste and social contacts are the most important factors for the utilization of maternal and child health care services. Although there is low knowledge and awareness regarding proper use of TT & IFA, unawareness about infection and regular ANC checkup, teen-age pregnancy is considerably high in the study area; it has reduced since the implementation of JSY. Additionally, family planning practices have encouraged the pursuit of small and happy families which correlates with improved healthcare services.

### **Work Satisfaction and Population Mobility: Why Indian Cross-border Workers in Nepal so Satisfied?**

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**Abstract:** Many nations have experienced a rise in International migration over the last few decades, and as a result, their population are now culturally diverse. Nepal is also not far behind; as Indian residents of the Indo-Nepal border region are migrating there in search of potential



employment. This study has utilized primary data collected in Raxaul block, which is the only exit point between India and Nepal. The principle component analysis (PCA) method has been applied to estimate the work environment and work satisfaction. Again Fairlie decomposition technique has been utilized to estimate the percent contribution of work satisfaction. The results from this study found substantial differences in household conditions among Cross-border and domestic mobile workers. Moreover, the study found cross-border workers have a more labor-conducive environment than domestic mobile workers. Age, living arrangement, and occupation positively contribute to work satisfaction in terms of differences among both types of workers.

### **An Analytical Study of District Level Disparities in Nutritional Status of Children and Adults in Gujarat**

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**Abstract:** Malnutrition is a global public health issue that impacts millions of children worldwide. Poverty and childhood malnutrition are interlinked with each other by inadequate food, low educational attainment, poor living standards, and lack of access to health facilities. In this research endeavour, an attempt has been made to create District Nutritional Index (DNI) of children under 5 years of age and adults whose age between 15 to 49 years for all the districts of Gujarat using NFHS-4 and NFHS-5 data. When comparing the nutritional status of Gujarat using NFHS data it is found that except for overweight, the rates of other type of malnutrition are found higher than the national average. Results show that the prevalence of malnourished children under 5 years of age, including stunted, wasted, severely wasted, and underweight have been found higher in South and Central Gujarat, specifically in Dang, Dahod, and Panchmahal districts while the prevalence of overweight children have been found higher in Saurashtra region, specifically in Rajkot district for this data. Moreover, the results related to adults show that the prevalence rate of Lower Body Mass Index (LBMI) among men and women are found to be lower for the Saurashtra region of Gujarat, while the worst situation of LBMI is found for the South Gujarat. In contrast, results for the overweight have been found higher for the Saurashtra region, while a lower percentage of overweight adults have been found in South Gujarat, especially in the Dang district. This result indicates that overweight population is more in Saurashtra (Rajkot) because of increased urbanization and growth of life style related living standard. While for the Dang, Dahod and Panchmahal districts, as they are tribal belt of Gujarat and are comparatively less developed districts. Their poor economic status contributing to them into chronic and acute malnutrition.

### **Psychosocial Resilience and Quality of Life of Palliative Cancer Patients through Traditional Complementary and Alternative Medicine (TCAM): A Multidisciplinary Exploration**

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**Introduction:** This comprehensive research endeavor undertakes a diverse exploration into the augmentation of psychosocial resilience such as anxiety, depression, and pain etc. This research ameliorates of quality of life among palliative cancer patients through the praxis of Traditional Complementary and Alternative Medicine (TCAM). Employing a multidisciplinary approach, this study endeavors to dissect the interplay between TCAM modalities and psychosocial attributes of palliative care focusing on the cancer patients. **Methodology:** The investigation engages an interdisciplinary approach to understand the TCAM practices in palliative care settings through in-depth interviews using open ended schedules of oncologists, Palliative Professionals, Cancer Patients, and TCAM professionals. Key elements of inquiry include understanding of psychosocial resilience, cultural adaptation, and overall well-being as discerned through the utilization of TCAM. **Insights:** This study will provide valuable insights into the potential of TCAM practices to enhance psychosocial resilience and quality of life in palliative cancer patients. The findings will inform the development of evidence-based guidelines for the integration of TCAM into palliative cancer care. **Conclusion:** This interdisciplinary exploration seeks to advance our understanding of how TCAM practices can be utilized to enhance the psychosocial resilience and quality of life of palliative cancer patients, and explore the potential of developing a comprehensive policy regarding their utilization in palliative care.

### **Veterans and Health: A Study**

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**Introduction:** The health of Indian Army veterans a multifaceted, critical aspect warrants comprehensive attention. They have dedicated a significant portion of their lives serving the nation, the well-being of these veterans is an of ethical responsibility for maintaining a robust resilient defence force. **Objective:** To analyse the post-retirement life of ex-combatants with special reference to Physical and mental health. **Method:** The respondents were selected by using simple random sampling techniques. The Data collection was done by using semi-structured interview schedule in a face-to-face manner with the ExCombatants. **Results:** Indian Army veterans face various health challenges that affect their physical, mental, and social well-being. They often suffer from chronic pain, and disabilities that require rehabilitation, and adaptive devices. Mentally, they cope with stress, trauma, and transition of military service. **Conclusion:** Indian Army veterans' health is a complex issue that needs a holistic and coordinated solution. Quality healthcare, a supportive environment, and attention to physical, mental, and social health are essential for their wellbeing. By honouring these veterans, India also strengthens and supports its defence forces.

## Unveiling the Abortion Landscape in India: Insights from NFHS-5 Data

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**Abstract:** Abortion, a critical aspect of reproductive health, has significant implications for women's health and societal well-being. With reproductive rights at the forefront of public health discourse, this study addresses a crucial and timely issue of immense societal significance. Despite its importance, comprehensive studies on abortion in India are scarce, making this research a novel contribution to the field, using data from the National Family and Health Survey-5 (NFHS-5). This study presents a comprehensive analysis of abortion trends and associated factors in India. The paper investigates the socioeconomic and demographic factors influencing abortion decisions, such as age, education, income level, and place of residence. The findings reveal a complex interplay of these factors, shedding light on the diverse abortion landscape in India. The significance of this research lies in its potential to inform evidence-based policies and interventions that can profoundly impact reproductive health outcomes in India. Our findings illuminate the distinct patterns and prevalence of abortion across different demographic segments, highlighting the critical need for tailored approaches to address the unique challenges faced by various groups. Additionally, this study unveils previously unexplored nuances in abortion trends, revealing shifts in attitudes, accessibility of healthcare services, and prevailing socio-cultural norms. This depth of analysis not only fills a substantial gap in the current literature but also serves as a launchpad for further, more targeted investigations into the complexities of reproductive healthcare in the country. In conclusion, this paper offers a detailed and nuanced understanding of abortion in India, contributing to the discourse on reproductive health and rights. It underscores the need for continued attention to abortion, advocating for comprehensive and rights-based approaches to improve women's health and well-being.

## Does Access to BPL and Antyodaya Ration Cards Ensure Food Security among Elderly in India

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**Abstract:** Ensuring access to nutritious food and addressing food security are crucial in promoting healthy aging and preventing chronic diseases. To achieve food security, the Government of India implemented the National Food Security Act in mid-2013, which extends its provisions to over 800 million individuals through the provision of subsidized ration card systems. This paper explores the association between access to Below Poverty Line (BPL) or Antyodaya ration cards and severe food insecurity among the elderly population in India. The study uses data from the first wave of the Longitudinal Ageing Study in India (LASI) conducted in 2017-2018 and employs descriptive statistics and multiple logistic regression analysis to

examine the association between access to ration card and severe food insecurity among the elderly. Findings suggest that despite the access to ration cards to their households, a significant proportion of elderly individuals still face severe food insecurity, highlighting that possessing a ration card does not guarantee universal food security for the elderly in India. Socio-economic disparities persist among BPL/Antyodaya cardholders and their counterparts, indicating ongoing inequality in accessing sufficient food. Thus, it is crucial to implement targeted interventions and policies that are tailored to address the unique challenges faced by vulnerable subgroups within the elderly population.

### **Socio-economic Behaviour and Livelihood Opportunities of Adolescents and Youth in Bihar**

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**Abstract:** According to a survey conducted by the Centre for Monitoring Indian Economy (CMIE), Bihar's unemployment rate is 46.6% in Apr 2020. The workforce participation rate in Bihar increased from 51.7% in 2001 to 55.35 in 2011, with the majority of the population engaged in agriculture-related activities. According to the census 2011, India has the highest adolescent population in all over the world. The number of adolescents is around 250 million (14%) of the population. The aim of the study is to identify the gender-wise difference in livelihood opportunity and income generation among adolescents and youth and awareness about social protection schemes among them he adolescent and youth groups. Primary data has been collected for the study. The study was conducted in three districts Patna (Urban, slum), Sitamarhi, and Gaya (rural, slum) of Bihar. The equal numbers of adolescent (15-19) and youth (20-24) are participated in this study. Both qualitative and quantitative analyses have been undertaken in this report. Univariant and bivariant analysis is done using STATA. The background characteristics of the population were also captured like age, sex, occupation, marital status, cast, religion, ration card, etc. This study help to understand the present status of employment and income generation among adolescents and youths; female youth participation enterprises; gendersensitive livelihood opportunities (enterprises / employment) for youths.

### **Does Gender have any Impact on the Association between Birth Order and under nutrition among Indian Children: An Analysis of NFHS-5 Data**

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**Abstract:** Defying all policy measures, undernutrition among children in India has remained a major public health concern. Even though the Total Fertility Rate has gone down, still there are a large number of households demonstrating higher number of children and gender preference. Hence, this study has attempted to examine whether there is any gender difference in prevalence of undernutrition (underweight, stunting, and wasting) among Indian children based on their

birth order. This study analyses 206114 children's data who are aged less than 5 years, from NFHS-5 (2019-21) survey. Bivariate analysis and logistic regression analysis to understand the association. The study doesn't show any considerable difference in the association between gender, birth order & undernutrition. However, females depict slightly a better picture than males. Proportion of children who are stunted, or underweight increase with the birth order, for both the genders. However, there has been a slim difference in case of wasting between males and females. Differences between proportions of severely stunted and severely underweight children among higher and lower birth order is elevated among rural population. Considering mothers' educational attainment categories, gaps across birth orders are more visible for the female children. Severe underweight was common among the population especially in males and the first-born child whereas severe stunting and wasting was found more common in females. Twins show poorer nutritional status, the situation aggravates for higher order twins. Female parameters are better in case of twin analysis than males in terms of undernutrition. Odds ratios for being severely underweight and stunting increase with birth order, but not for wasting. Odds for being stunted is 1.2 times higher for children with birth order three and above, as compared to birth order one. The differences in odds for underweight across birth orders are more profound among females.

### **Gender Inequality in Unpaid Care Work Time across Generations in Indian Households**

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**Abstract:** Women contribute 76.2% of total unpaid domestic and care work hours globally, and Indian women spend an average of 297 minutes per day on unpaid care tasks, compared to 31 minutes for men. Target 5.4 of 5th goal of SDG aims to recognize and value unpaid care and domestic work and promotes of shared responsibility within the household and the family as nationally appropriate. In this context, this study investigates the distribution of unpaid care work in Indian households, primarily focusing on gender and age differences. Using data from the 2019 Time Use Survey (TUS) in India, the research encompasses a nationally representative sample of 89,325 males and 92,817 females. We estimated the share in total household unpaid care time (in %) for males and females across different age groups, taking into account selected individual, household, and composition factors. A fractional logistic model is employed to examine factors influencing the share of care work within the household. Adult females shoulder the lion's share, contributing 57% of the total household care work time, highlighting the disproportionate burden placed on women within households. Furthermore, the study underscores the significant role of elderly females, who contribute 27% of the care work. Socioeconomic factors like education, marital status, and employment, along with household level factors, significantly affect an individual's share in total household care work time, particularly for adult females living in households with electricity (4.1 percentage points lower) or children under 6 (2.6 percentage points higher). These findings emphasize the pressing need to address and rectify gender imbalances in unpaid care work. Recognizing the critical role of

females in care distribution is crucial for promoting shared responsibility within households and advancing the cause of gender equality.

### **The Cost of Healthcare and Productivity Loss Associated with Cardiovascular Diseases among Older Adults**

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**Introduction:** Since cardiovascular diseases (CVDs) are the leading cause of mortality and morbidity worldwide, particularly among older adults, understanding the healthcare utilization patterns and the financial implications for this age group is essential. This paper aims to understand the socioeconomic and regional differentials in the hospitalization rates and out-of-pocket expenditures associated with cardiovascular diseases among older adults in India. **Data & Methodology:** We did a complete case analysis of 60,643 individuals aged 45 and above from the Longitudinal Ageing Study in India (LASI), wave 1, conducted in 2017-18. We identified hypertension, heartdisease and stroke as CVDs. We computed the hospitalization rate and annual out-of-pocket expenditure (OOPE) for hospitalisation and outpatients with 1 year as a recall period. We also computed these metrics for the last case of hospitalisation adjusted with loss of productivity. **Results:** As of 2017-18, the number of individuals suffering from hypertension, heart-disease and stroke were 28,396, 2194, and 1011 respectively. The hospitalisation rates for hypertension, heart disease and stroke are 0.85%, 10.07% and 10%, respectively, whereas for outpatient visits, it was 10%, 21% and 15%. Outpatient visits are higher in urban areas for all three diseases, and female visits as inpatients and outpatients are higher for hypertension. Upon increasing wealth quintile, hospitalisation rates are also increasing. The cost of hospitalisation for hypertension, heart-disease and stroke were ₹15598.71, ₹59226.98, and ₹49259.48, respectively. The higher the economic status and education, the higher the OOPE. Also, the spending is much higher among males for all the diseases. **Conclusion:** In India, the hospitalization rate and OOPE are significantly higher among the elderly population, and the socioeconomic disparities in both these components continue to be evident. In light of these findings, it is imperative that policymakers take a proactive approach to address the healthcare needs of older adults, particularly concerning cardiovascular diseases.

### **Impact of COVID-19 on the Tuberculosis Notification in India**

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**Background:** The coronavirus (COVID-19) pandemic has caused enormous health, social and economic impacts since 2020. Globally, in 2020, there was a substantial fall (-18%) in the number of people newly diagnosed with Tuberculosis and reported to national authorities (notified cases) compared with 2019. **Aim:** The main objective of this study is to determine the impact of COVID-19 on Tuberculosis notification rates in India. **Data source and**



**methodology:** The monthly notified Tuberculosis cases from January 2017 to December 2019 were collected from the Nikshay Dashboard, Central Tuberculosis Division, Government of India, and were used to build the timeseries model. ARIMA and SARIMA models were made using the time-series data. **Results:** Based on the fit and the seasonality of the Tuberculosis data, the Seasonal ARIMA model was used for forecasting the Tuberculosis notifications. The prediction based on notified TB incidence data was compared to the monthly reported Tuberculosis cases from January 2020 to June 2021 to find the difference in the notifications due to COVID-19. The highest difference between the reported TB cases and the forecasted TB cases was during the lockdown period of 2020. The mean difference was approximately 50 percent during April, May and June 2020. There was a strong positive correlation between the COVID-19 cases and the difference between the reported Tuberculosis cases and the forecasted Tuberculosis cases. As the cases continued to decline from September 2020 to March 2021, the difference also reduced. Again, with the high surge in COVID-19 cases during the second wave of April 2021 to June 2021, a high contrast between the notified cases and the predicted cases can be seen.

### **A Comprehensive Analysis on the Menstrual Hygiene Practices among Rural Women in India with Focus on the Usage of Sanitary Napkin**

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**Abstract:** Menstruation is a natural phenomenon that occurs between 9 and 55 years. Deficient knowledge on menstrual hygiene results in higher rate of infection in genital tract. In rural areas, education about menstruation is still a taboo which results in poor hygiene and sanitation practices. Income and knowledge are two significant factors influencing menstrual hygiene and the choice over picking absorbents. The adolescent girl's population in developing countries lack appropriate information, resources and access to proper sanitary facilities to manage menstruation. Therefore, they stick to unsafe hygiene practices during menstruation that have created a negative impact on their health. This paper attempts to analyse the menstrual hygiene management practices and its associated factors which has a direct influence over India's socio-economic status. This paper highlights the reasons behind switching to sanitary napkins over cloth which is a key factor in determining menstrual hygiene. It aims to provide an insight about the menstrual hygienic practices carried about by rural women and the taboos on menstruation. It spotlights women's knowledge about menstruation and practices carried out during menstruation period.

### **Quantifying Distress: A Cross-Sectional Analysis of the Quality of Life among Destitute in the state of Kerala**

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**Abstract:** Destitution is the worst form of poverty; it has been recognized as one of the severest forms of deprivation affecting the weakest and vulnerable sections of the society.. Destitution remains a largely unexplored area, particularly in low and middle-income countries, including India. Existing literature predominantly centers on the economic and livelihood vulnerabilities of destitute individuals. United Nation's Multidimensional Poverty Index highlights that extreme poverty and destitution are concentrated in low-income and lower-middle-income countries, with India home to the largest destitute population, exceeding 340 million individuals. This study endeavors to shed light on the Quality of Life (QoL) of destitute individuals in the state of Kerala, India. The study's sample was derived from the beneficiary list of "Destitute Free Kerala," a government project aimed at eradicating destitution in the state. The research involved 440 participants from three districts: Alappuzha, Kottayam, and Idukki. The assessment utilized the WHOQOL-BREF questionnaire, focusing on the four core domains of QoL: Physical Health, Psychological Health, Social Relationships, and Environment, complemented with a questionnaire developed for the requisites of this study. Internal consistency for the WHOQOL-BREF questionnaire yielded a robust alpha value of 0.84.. The mean Quality of Life (Q1) score stood at a distressingly low 28.98, underscoring the profound levels of deprivation and hardship experienced by this marginalized group. Life Satisfaction (Q2) score of 24.49, highlights pervasive dissatisfaction and despair prevailing within the destitute community. Furthermore, the psychological health domain exhibited a similarly distressing mean score of 38.08, pointing to severe mental health challenges faced by the destitute population. In summary, these shocking findings highlight the dire quality of life, life satisfaction, and mental health status of destitute individuals in the state. The results emphasize the urgent need for targeted and compassionate interventions to alleviate their profound suffering and improve their well-being.

**A Study on Working Class Women & Maternal Health Care in  
Colonial India: 1920- 1947**

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**Abstract:** The women workers who are engaged in strenuous jobs in factories, fields, and mines outside the home with a meagre earning face more hardships during their pregnancy and childbirth which demands a serious consideration in formulating the maternal and child care policies. However, There remained a profound absence of any sort of policies to promote the health and welfare of working- class women and children in India till the end of the first world war. The interest in the condition of working -class mothers and children grew in the wake of the event of the first International Labour Conference which took place in Washington in 1919. The draft convention of maternity benefit adopted at the conference provided for maternity rights of women workers in organized industries. India as a participant and a member country was

recommended to legally implement these provisions. IN this context, this paper presents a historical study on how gradually the demand for maternity benefit schemes in different industries & facilities to provide health care for the expectant mothers in working class neighborhoods took shape in Colonial India. The paper discusses the actions of colonial government & employer classes in taking care of working-class mothers, a dominant discourse that arose globally in the aftermath of World War I. The Paper argues a bunch of surveys influenced by newly emergent discipline of social works as well as medical investigations commissioned by colonial government helped to create foundational basis for the legal need to take care of the impoverished working-class mothers in a period between 1920-1947.

### **Assessing the Impact of the COVID-19 Pandemic on Healthcare Utilization and Glycemic Control among Type 2 Diabetes Mellitus Patients in an Urban Indian Community**

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**Abstract:** The study aims to bridge the data gap on healthcare utilization and glycemic control among diabetic patients in India during the COVID-19 pandemic by comparing it to pre-pandemic levels, leveraging comprehensive electronic health records (EHRs). Utilizing a cohort of 644 diabetic patients from the CHIPS diabetes cohort by IIPS and BARC Hospital, the research analyzes a range of data including inpatient (IPD), outpatient (OPD) visits, laboratory test results, and pharmaceutical purchases. The study period is divided into Pre COVID, first COVID cases, First COVID wave, Intermittent period between two COVID waves, and Second COVID wave. The study calculates healthcare usage rates in terms of events per 1,000 person-months. The findings reveal that in general, there was a marked decline in healthcare usage during initial COVID phases. However, this trend reversed during the interim phase between the first and second waves of the pandemic, with usage rates climbing back to prepandemic figures by the time of the second wave. Men exhibited better glycemic control than women during the pandemic. Similarly, older age groups, specifically those between 60-74 and those above 75, managed their glycemic levels more effectively than younger patients. Furthermore, the study highlights a concerning trend for those with previously poor glycemic control before the pandemic. These individuals were more likely to experience elevated HbA1c levels during the pandemic.

### **Impact of Premature and Early Depletion of Ovarian Function on Late-life health**

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**Objective:** The study aims to understand the menopausal age in association with chronic conditions. **Methods:** The present cross-sectional study analyses the nationally representative data, Longitudinal Aging Study in India (LASI), 2017-2018. Bivariate analysis including cross-tabulation and chi-square tests were done. Further multiple regression analysis has been carried out, using the generalized linear model of logit link. **Results:** Approximately 2533 (8%) of the older women reported that they had experienced premature menopause, while 3889 (12.4%) reported having early menopause. The chances of a woman with premature menopause to develop cardiovascular diseases are 15% higher (AOR:1.15;  $p<0.05$ ) than those who are not prematurely menopausal, while early menopausal women had 13% higher risk (AOR:1.13;  $p<0.05$ ). Women who drink alcohol have 41% higher chances of developing bone diseases, while those who are smokers have 69% higher chances of developing neurological or psychiatric problems. **Conclusion:** The results have shown the association of women with premature or early depletion of ovarian function with chronic health conditions like cardiovascular diseases, bone or joint problems, eye vision problems and neurological or psychiatric disorders at their late life ages. Comprehensive strategies in the form of lifestyle changes may regulate hormonal levels and allow the body to reach menopause at the right age.

## Gender Equality and Sustainability through Organic Farming Practices

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**Abstract:** The forms and practices of Indian agriculture are changing according to the current imperatives. After the effect of the Green Revolution, there was a sudden call for protecting the environment and sustainable development. Western organic farming influenced the Indian agricultural system in a new way. The concern has shifted from mass production in agriculture to quality and safety in food production, and organic farming is a key way to change. The paper addresses the gender dimensions of organic farming. It also explores the structural dynamics and how it imposes gender inequality. The paper examines the link between capitalist social relations and environmental sustainability through organic farming. The paper's main objective is to explore how capitalism continues to demand oppression and reproduction of labour of marginal women for its own survival and capital accumulation. Policymakers and experts often prioritize increasing land productivity and crop productivity. Organic farming also implements methods of production that give more yield, sustainability of the environment, and maintain the food quality. The findings show that organic farming somehow manages sustainability, but still, it is questionable. The welfare of the farmers, especially the agricultural labourers and female labourers, were specifically overlooked. At the same time, it came with new ways of development for worker exploitation and more capital accumulation.

## Health Spending In India

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**Abstract:** Health is both a precondition and outcome of sustainable development and is essential for achieving the Sustainable Development Goals, the 2030 agenda. A country's healthcare spending has a significant impact on its economic performance. Indeed good health of the citizens results in overall better economy. As countries are moving towards universal health coverage, the way a country finances its healthcare system is a determining factor and source of finance is a challenge. As one of the aims of SDG 3.C is to substantially increase a country's health financing and the National Health Policy of India 2017 proposes to achieve a target of raising public health expenditure to 2.5% of GDP. The present study makes an attempt to analyze how much India spends on health compared to other sectors. The study tries to explore the trend of various health expenditures of India over the years and also presents the performance of the Indian states in the same. The results of the study would impart an understanding about the health spending pattern of India, whether it is favorable to achieve the various national and global targets which would ultimately lead to the achievement of health related and on the whole all SDGs. Keywords: Health, Health Spending, Health expenditure, Health finance

## Identifying Spatial Clustering and Impact of Nutrition Schemes on Malnutrition among under Five Children in India: Evidences from NFHS 5

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**Background:** Malnutrition among under-five age of children is a major public health problem in India. Although, the exploration is essential for empowerment and strengthening of associated policy and programs. The spatial clustering and impact of nutrition schemes on malnutrition is little explored. **Objective:** To explore the spatial clustering and impact of nutrition schemes on malnutrition with the evidence of under-five population in India with a data from National Family Health Survey 2019-2021. **Methods:** Three anthropometric indicators of the nutritional status of children are used as dependent variables. These indicators are stunting (height for age), wasting (weight for height), and underweight (weight for age) where stunting and underweight indicate chronic undernourishment and wasting indicates acute nutritional deficiency. **Result:** A few states such as Gujarat, Maharashtra, Jharkhand and Bihar are having high prevalence of in all the three indicators of under nutrition that is stunting wasting and underweight. Mothers age less than 25 and above 40 years showed high prevalence of stunting. It was found that proportion of children living in rural area is more undernourished those children of urban area. Mothers education significantly associated with child malnourishment (stunting, wasting and underweight.) no of children ever born, exposure to mass media, sex and age of head of the

household, mothers health seeking behavior, take home ration from Anganwadi, significantly associated with nutrition status of the child. **Conclusion:** The state and center Government implementing various health policy and program but impact is very low paced because of still at rural level the prevalence of malnutrition exists. So, that there is underscored need to add measures by increasing interaction between health care provider and community peoples. Additionally, there is a need of women empowerment through information education and behavior change communication. This can minimize the clustering of added interventions at malnourished packets.

### **Gendered Public Space in Women's Mental Health**

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**Abstract:** Accessing public space is considered a citizen right. But based on gender, Public space is not gender neutral. Even in the 21st century, it limits women's free movement in public spaces. The public-private dichotomy assigned public space for men and private space for women in the context of cultural constraints, social impediments, personal barriers, safety and harassment, inadequate infrastructure facilities, etc. Women have a right to access public space only for socially acceptable reasons in addition, should follow some behavioural strategies to access. So, public space access makes women stressed and anxious. The main aim of the study is to women's experience and perception of using public space and how it affects their mental health. The data are collected through personal interviews among female students. This paper reveals that due to space-based patriarchy, harassment affects not only women's mental health but also fewer opportunities to access higher education and career development, leisure activities, and social networks.

### **Intergenerational Knowledge Exchange in Indigenous Herbal Medicine**

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**Abstract:** This paper explores the essential role of intergenerational knowledge exchange within indigenous communities, specifically concerning traditional herbal medicine practices. Indigenous herbal medicine is deeply rooted in cultural and ecological knowledge, passed down through generations. This knowledge transfer, occurring through oral traditions, storytelling, and hands-on experiences, is crucial for preserving and revitalizing indigenous healing practices. The paper delves into the significance of this intergenerational exchange, emphasizing its potential to enhance the understanding and preservation of traditional herbal medicine. Furthermore, it highlights the challenges and opportunities faced by indigenous communities in maintaining and sharing their herbal knowledge with future generations. In conclusion, this paper advocates for the recognition and support of intergenerational knowledge exchange as a vital component of indigenous herbal medicine's sustainability and the broader preservation of cultural traditions.



## Labour Force Status, Mental Health Problems and Suicidal Ideation among Higher Educated Migrant Youth: A Study in Kolkata City

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**Background:** Recent study trends suggest that higher educated(graduated) unemployed youth are more susceptible to common mental disorders, such as depression, anxiety, or stress which leads to suicidal ideation. However, the mental health issues and its consequences among unemployed graduate youth have not been explored in India, especially in Kolkata City yet. **Objectives:** To determine the independent associations of labour force status and socioeconomic position with mental health problems and suicidal ideation. **Data and Methods:** Four hundred higher educated migrant youth (21-35years) were surveyed for the study purpose. Measures included socio-demographics, Depression Anxiety Stress Scale (DASS-21) and suicidal ideation. Chi-square test and binary logistic regression with “depression,” “anxiety,” and “stress” and “suicidal ideation” the dependent variables were carried out to identify the factors associated with these. **Results:** The overall prevalence of depression, anxiety and stress among the participants was 54.4%, 61.7% and 47.8% respectively. Unemployed youth were more likely to report the symptoms of depression and anxiety compared to employed with reaching statistical significance (66.1% vs 33.3%;  $X^2= 39.3$ ,  $p=.000$ ), (69.7% vs 47.5%;  $X^2=18.9$ ,  $p=.000$ ) respectively. Women were more likely to report the symptoms of depression, anxiety and stress compared to men, albeit without reaching statistical significance except anxiety [(53% vs 56.4%;  $X^2=0.453$ ,  $p=0.501$ ) (55.1% vs 71.2%;  $X^2=10.37$ ,  $p=0.001$ ) (45.69% vs 50.9%;  $X^2=1.05$ ,  $p=0.306$ ), respectively]. The overall suicidal ideation was 37.92% among the study population. Women have comparatively more suicidal thoughts or ideation than the men. Unemployed youth were more likely to report of having suicidal ideation than the employed youth with reaching statistical significance (53.54% vs 9.93%;  $X^2= 73.2$ ,  $p=.000$ ). **Conclusion:** Unemployed youth have reported more suicidal feelings than the employed youth. High rates of depression, anxiety, and stress among graduate job seekers should prompt implementation of market force initiatives that incorporate interventions related to the major risk factors uncovered herein.

## Age at Marriage and Exclusive Breastfeeding among Urban Poor Women in Metropolitan City of Kolkata

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**Abstract:** Exclusive breastfeeding is a practice in which new-borns only get breast milk and no other liquids, tea, herbal remedies, or food throughout the first six months of life, with the exception of vitamins, mineral supplements, or medications. The major advantage of exclusive breastfeeding from 4 to 6 months includes reduced morbidity due to gastrointestinal infection.

The World Health Organization (WHO) recommends six months of exclusive breastfeeding. Despite documented health, social and economic benefits, the practice of exclusive breastfeeding is quite low and information on influencing factors is limited especially from slum settlements. The aim of this research is to assess the prevalence and evaluate factors associated with early cessation of exclusive breastfeeding in the first six months of life among mothers in an urban slum in Kolkata Metropolitan City, West Bengal, India. A cross sectional study was carried out among 400 mothers (200 each working and non-working women) having infants aged 0-2 years. Purposive sampling technique was used to select the study population. Exclusive breastfeeding practice was the dependent variable and all relevant information was collected using a semi-structured schedule and Focus Group Discussions. Cross tabulation, chi-square test and binary logistic regression was used to determine the factors significantly associated with exclusive breastfeeding practices. The findings of the study concluded that from the study it was observed that women those who had married at 23 years and above were more likely to exclusively breastfeed their child than women in the age group of below 18 years. In the study area 95 per cent women who had married at older age were more exclusively breastfed their infant compare to those women who had married at younger age.

### **Time Use among the Elderly by Gender in India**

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**Abstract:** The paper attempts to overview the gender-wise time use pattern and its determinants of the elderly in India. The study uses data drawn from Longitudinal Ageing Study in India 2017-18 (LASI 2021). Simple averages, percentages, and multiple regression are used for analysis. A multiple regression has been estimated to analyse the factors determining gender time use difference. The explanatory variables include personal and socio-economic factors. The characteristics of the sample group revealed more than half of the elderly to be females, nearly two-third to be aged 60-69, two-third to be rural residents, and majority belonging to Hindu religion and other backward caste. More than 40 percent lived with spouse and children, while a quarter with children and others. Majority have worked, largely belonging to the middle, poor and poorest MPCEs groups. More time was spent alone the previous day by the elderly, with the percentage of females (406 minutes) relatively higher among them than the males (363 minutes). This was followed by females spending more time than men on socialising with friends and family. Further, more time was spent by females on working or volunteering, travelling or commuting, and watching TV, respectively. Males spent relatively more time on unplanned activities. Regardless of gender, around an hour was spent on walk or exercise, and health care related activities. The time spent is similar by age, but relatively higher among the urbanites, and

the females. Time use of the elderly by living arrangements showed that although it follows a similar pattern across types, those living alone spent double the time at home alone, followed by around half the time spent on performing unplanned activities traveling or commuting and watching TV, respectively. The regression analysis highlights the factors contributing to gender difference in time use of the elderly.

### **PCOS and the Healthcare System in India: A Gendered Analysis of Women's Experiences**

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**Abstract:** Polycystic Ovary Syndrome (PCOS) is one of the most common metabolic and endocrinal disorders that affect women in their reproductive age. It is a growing reproductive health concern in India, especially among young women; its prevalence ranges from 3.7 to 22.5 per cent depending upon the population studied and criteria used for diagnosis. It is a complex condition that goes well beyond the ovaries and affects every aspect of a woman's life. Many sociomedical discourses around PCOS suggest it is a lifestyle disorder caused primarily by a 'western lifestyle. The paper argues when PCOS is seen from the lens of a lifestyle disorder, it comes to be constructed as an individual health problem caused by women's individual lifestyle choices, which can be treated by making lifestyle changes. Through this individualisation of illness (also known as healthism), the onus of the illness and treatment, thus, both lie on women themselves. As a result, healthism detaches the illness from the larger socioeconomic and political environment that may also have its linkage with illness. However, in the case of women, the problem becomes multi-fold because of already existing trivialisation of women's health issues and also of over-medicalisation of women's bodies within the larger health system. Literature highlights how there exists a history of delegitimisation of women's diseases by the modern health care system when it does not fit into the existing categories of illnesses. The paper aims to do a deep investigation of this multi-fold aspect of PCOS by analysing the living experiences of women with PCOS. The paper aims to answer the question by taking in-depth interviews of young adult women and will try to understand how their experiences of PCOS are being constituted and reconstituted.

### **Availability of Health Care Facilities for Urban Resettled Population: A Study of Households in Resettlement Colonies in Chennai**

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**Abstract:** The study explores the availability and accessibility of health care facilities by the households who are living in the resettlement colonies. Health care facilities include access to primary health centres, adequate insurance products to cover medical expenses, other infrastructural facilities to access health care during emergencies. The study also aims at

exploring the general practice of people when they are in need of a medical service. Health care infrastructure has got a major role in determining the quality of life of the people. The resettlement colonies are constructed at the peripheries of the cities which makes it difficult to have timely access to health services. Hence the key objective of the study is to understand the constraints that the households are facing to access better and timely health care facilities. The data for the study will be collected from Kannagi Nagar and Perumbakkam Resettlement Colonies in Chennai, Tamil Nadu. The colonies face severe issues associated with sanitation and access to primary and advanced health care facilities. The irregular functioning of the service points also affects the availability of health care facilities. Women and children are the most affected. The rapid increase in the slum population in the city along with the increased density of population in the resettlement colonies aggravate the situation. Since the construction of Resettlement and Rehabilitation (R&R) schemes are getting implemented in the city in a rampant way, there is an urgent need to study and understand the challenges it generates with respect to various socio economic and political aspects. Hence this paper primarily aims to identify and understand the challenges that the people are facing to have a healthy life after getting shifted to a new and strange ecosystem.

### **Women's Reproductive choices and bodily challenges in Infertility Treatment: A Sociological Perspective on Assisted Reproductive Technologies (ARTs)**

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**Abstract:** In the realm of reproductive care, traditional gender roles have assigned women as the sole responsible members, as women have the physical capability to conceive and carry a child to term. On the other hand, men have often remained outside the scope of medical scrutiny. However, the landscape of assisted reproductive technologies (ART), particularly within the context of In Vitro Fertilization (IVF), has undergone significant technological innovations since it first came into practice in 1978. These innovations, such as Testicular sperm aspiration (TESA) and intracytoplasmic sperm injection (ICSI), have led to identifying male factor infertility and provided potential cure. Despite advancements in identifying and addressing male factor infertility, women continue to bear the primary responsibility for conceiving and birthing family offspring. This gendered dynamic raises important questions about the health condition and choices of women as they navigate their reproductive journey through the lens of IVF treatment. This paper delves into the nuanced experiences of women regarding health and illness within IVF procedures from their lived experiences. By applying a narrative approach, this paper explores how traditional gender norms intersect with the evolving area of IVF technology, highlighting reproductive choices and bodily challenges of women within infertility treatment.

## **Mental Health Support Systems in Higher Educational Institutions in India: Prospects and Retrospects**

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**Abstract:** According to the 2011 census, one-fifth of the Indian population is 15 to 24 years old. The young population is usually considered the most active -both physically and mentally - stage of life. Recent reports from WHO however, indicate that at least 20 percent of young people are likely to experience some sort of mental illness. Majority of the severe mental illnesses are likely to show their first symptoms before the age of 25 years. The age between 18 to 24 years of age is also considered vulnerable to developing substance use behaviors and addiction. This particular group of people is also prone to many mental health issues, such as depression, anxiety, substance abuse, and even suicide. Mental health aspect of the young population was being neglected until recently. Even though mental health has gained some momentum in all fields of life, it is still doubtful, whether the higher education system in India has adapted to it. Though the University Grants Commission guidelines instruct to establish student counseling centers in higher education institutes (“Set up student counselling centres immediately”,2018) the number of incidences of mental health issues among college students and suicides among them, question the existence and efficiency of such counseling centers. The empirical evidence on the efficiency and efficacy of student counseling centers in higher education institutes in India is few. There are not much-studied models in this field. This review study is trying to trace and identify the reality of student counseling centers in Indian higher education institutes. This is an attempt to locate the previous studies and successful models that have been carried out in the field of mental health services in Indian Higher education institutions, specifically focusing on Student Mental Health Support Services.

## **Women Empowerment and Health Progress in India: State Level Development Experiences.**

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**Abstract:** Though India has achieved remarkable economic growth in the recent period, the country is lagging far behind its economic counter parts and many lesser developed countries in the health progress. The progress in health outcomes is uneven across states within India. States like Kerala and Tamil Nadu has achieved remarkable progress in health outcomes while the North Indian states are in their historic tracks of lower health achievements. The differences in the development strategies and institutional structures can be the sources of this North-South divide and inter-state differences in health outcomes in India. The states like Kerala and Tamil Nadu have invested historically well in social sector and in empowerment of women. Whether the women empowerment or agency of women matter in health progress of India is an empirical research question. The existing literature does not give a firm empirical answer to this question.

This study is an attempt to analyse the association between various (social, economic and political) indicators of women empowerment and health outcomes (under-five mortality rate) in India across states during the postreform period in a comparative macro perspective. This study is carried out through the theoretical lens of institutional economics and by using a system GMM panel data model with the data from five rounds of National Family Health Survey and other sources. The results of the study confirm the role of various women empowerment policies in health progress of India and the lower levels of women empowerment as one of the sources of historic health deprivations in North Indian states of India.

### **Exploring the Impact of Menstrual and Post-Natal Practices on Women's Health and Well-Being: An Empirical Study of Tribal Communities in Telangana**

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**Abstract:** The tribal communities in India are distinguished by their unique sociocultural practices, each with its own distinctive customs, which not only differ from the mainstream practices but also vary from the other tribal groups. Cultural practices during menstruation and post-natal periods also vary across societies, communities, and religions. Therefore, the current study aims to explore the tribal cultural practices, customs, beliefs, and taboos related to menstruation and post-natal, and their impact on the women's health, education, and economic well-being, in Telangana. **Objective:** To understand the diverse cultural practices and taboos within different tribal communities concerning the menstruation and post-natal period and how these practices impact women's health, education, and economic well-being. **Methodology:** For the study, we selected five numerically dominant tribal communities namely Lambadi, Koya, Gond, Kolam, and Chenchu. The study was carried out in 10 villages selected from 4 districts such as Adilabad, Mulugu, Nagarkarnool and Mahabubabad. From each village, 40 households were studied; in total, the study consists of a sample size of 400 households across the five tribal communities. The data was collected using household questionnaires, interviews, and focused group discussions. **Findings:** The findings of the research reveal that the women from the Gond, Kolam, and Koya communities are experiencing taboos during menstruation and the post-natal period. Maternal mothers are required to stay outside the home for the duration of 21 to 30 days after delivery with their newborn babies. Furthermore, among the Chenchu tribe, 95% of the childbirth deliveries take place at home by the traditional birth attendants. These practices result in adverse consequences that significantly impact the communities' education, health, and overall economic well-being. Further, they contribute to gender inequality regarding education, health, economic, and social aspects between men and women.

### **Voluntary Workers in the Public Healthcare System: Acknowledging the Need to Integrate Accredited Social Health Activists (ASHAs) into the Formal Sector**

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**Abstract:** Accredited Social Health Activists (ASHAs) serve as the first point of contact between health-related needs of the grassroots communities and utilization of existing health services. Despite their indispensable nature and their role as essential cogs in the public health system, they are still not assigned the privileges of a formal worker. An ancillary nurse/midwife or any other semiskilled health professional is given a monthly remuneration but ASHAs on virtue of being treated as part-time volunteers are paid based on an honorarium with performance-based incentives instead. Aside from the lack of formal recognition, the ASHA workers are also regarded as just another pair of hands in a society that is entrenched with patriarchal norms. This can lead to them facing harassment from certain sections of the community as well as instances of non-cooperation from other health care professionals. The assumption that poor women with few months of training can set aside around eight to ten hours of work a day for voluntary work is problematic. There have been demands from stakeholders within and outside the program's formal support structures that have asked for the formalization and recognition of their conditions of work. Their complete integration into the public healthcare system could lead to lesser conflict with staff at hospitals and primary health care centres. Through a literature review, this article attempts to provide insight on how assigning a legitimate status can result in improvement of not just basic human rights but also motivation and performance of (ASHAs). As studies in other parts of the world have shown, regularizing contractual workers can result in various spillover effects in the lives of community health workers from benefits witnessed in their children's education, general health and well-being within their families to greater satisfaction in completing diverse tasks related to the job.

### **Unveiling Health Disparities: A Comprehensive Review of Social and Economic Determinants among Scheduled Castes and Scheduled Tribes in India**

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**Abstract:** Social and economic determinants play a pivotal role in shaping individuals' and community health outcomes, intricately intertwining with factors like education, income, employment, and social support. These determinants not only shape access to healthcare but also contribute significantly to disparities in health experiences. Recognizing and addressing these influences is crucial for development. This review paper critically examines the intricate relationship between social and economic determinants and their profound impact on health outcomes among Scheduled Castes (SC) and Scheduled Tribes (ST) in India. This study solely relies on secondary data, it integrates quantitative information from government sources along with qualitative insights obtained from the relevant literature, shedding light on the unique health challenges faced by these marginalized communities. Quantitative analysis utilizes government data to provide a statistical foundation for understanding the health disparities prevalent among SCs and STs. The examination includes various dimensions, including access to healthcare services, malnutrition, maternal and child health indicators, and overall mortality rates within these communities. Through this quantitative lens, the paper aims to explain the disparities rooted in social and economic factors. Qualitative insights obtained from relevant literature

contribute to comprehensive understanding of health determinants. It explores the socioeconomic factors such as education, employment, income, and living conditions that shape health outcomes. Additionally, it explores the cultural and structural determinants influencing health behaviors and perceptions within SC and ST communities. This paper aims to provide a holistic understanding of the multifaceted challenges faced by SCs and STs in attaining optimal health. From unequal access to educational opportunities to employment disparities and income inequalities, the paper unravels the complex web of social and economic determinants that contribute to health inequities.

### **Cultural and Contextual Drivers of Triple Burden of Malnutrition among Children in India**

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**Abstract:** This paper aims to analyze the embodiment of the triple burden of malnutrition among under-five children encompassing stunting, overweight, and anemia. It focuses on various cultural and contextual drivers of malnutrition and juxtaposing them against macro-level and micro-level perspectives using the last two rounds of Indian DHS. The three indicators of malnutrition among children under five as dependent variables, namely stunting (height-for-age), overweight (weight-for-height), and anemia, are assessed using data from the National Family Health Survey-5 (2019-2021). The study identifies risk factors and assesses their contribution at different levels to existing malnutrition burden. A random intercept multilevel logistic regression model and spatial analysis are employed to identify child, maternal, and household level risk factors for stunting, overweight, and anaemia. The results depict—at the macro level—most districts have anemia prevalence above 40 percent; western and eastern districts have slid into a triple burden of malnutrition with a high prevalence of underweight, overweight, and anemia. Between 2015 and 2020, Bihar has shown a significant decline in stunting (48% to 43%) and underweight (44% to 41%), yet being the highest. The burden of childhood malnutrition remarkably varies across various cultural and contextual domains. The children belonging to mothers with higher secondary or above education, mothers with normal BMI, households with access to toilet facility showed a lower prevalence of multiple malnutrition indicators. The coexistence of stunting, overweight, and anemia at the macro-level circumstantiate the triple burden of childhood malnutrition with tremendous spatial variation. A wide range of predictors heavily influences the nutritional status of children and hence demands multilevel interventions to address this heterogeneous set of coexisting drivers.

### **Blessing in Disguise? Parental Migration and Child Under nutrition in India**

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**Background:** Do the moving parents to another destination will better off for children well-being?. This paper empirically investigate does parental migration have an impact on children nutritional level. We have define parental migration, who have living in the destination less than > 10 years and their children nutritional status i.e. stunting, wasting and underweight **Data and Method:** The Study has drawing upon a cross sectional data NFHS-4 & 5. The analysis considers information on migration status of the married couples and nutritional status of their children. We have focused on the migration status of men (husbands). We have use descriptive analysis to understand the trend and pattern of the migration and their children nutritional status along with socioeconomic background such as age, place of birth weight and birth order of the child, maternal age at birth, maternal height and BMI, parent's education, utilization of any ICDS services by children, and household factors such as access to improved sources of water and sanitation as well as households social group affiliation. **Findings:** The results show that among the migrant's urban migrant's children are better in nutritional level than Urban Native. Parental education shows that illiterate parent's children are more likely to be stunting and underweight. In the Propensity score matching (PSM) we have analyzed overall, rural and urban affect shows that parental migration has an important implication for child development. Overall, shows that ATT value of treated and control group were shows that children stunting and underweight if they would have not migrated their children are 36% and 33% higher chance of stunting and underweight. The finding of the study it may have important policy implication for promote migration and children well-being toward in urban then rural migration.

### **Mortality Attributable to Tobacco and Alcohol Consumption: A Scoping Review across India over Time**

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**Rationale:** Tobacco/alcohol is leading risk factors for premature mortality. Although their health hazards have been established, their prevalence is still increasing across some Indian states. **Objective:** To review existing information on mortality attributable to tobacco/alcohol consumption among men and women across Indian states/union-territories over time. **Data/Method:** We undertook a four-step search strategy. Preliminary search was made to identify keywords for the review. Search across 5 electronic databases resulted in 30 eligible studies. Articles examining mortality attributable to tobacco/alcohol in India were included in the study. Non-English articles were excluded from the review. Our scoping review was based on the PRISMA-ScR checklist. **Findings:** Of 30 publications between 1990 and 2021, we reviewed 16 original articles and 2 review papers. Cohort studies was the most common methodology comprising 9 of 16 studies. No recent studies were found. Studies retrieved mainly focused on men, and on Southern and Western India. Most studies reported estimates of mortality due to cardiac and vascular diseases followed by all-cause mortality, neoplasms and respiratory diseases attributable to tobacco and alcohol use. Relative risk for smoking was found to be higher among

men while that for smokeless tobacco was greater among women. Percentage of all-cause mortality attributable to alcohol consumption was higher among men than women. Hazard/risk ratio of tobacco/alcohol attributable mortality was found to increase with age. **Research Contribution:** This is the first study to provide insights into tobacco/alcohol attributable mortality on a national and regional level by gender. Additional studies are required to estimate the true burden of mortality attributable to tobacco/alcohol use as most studies were localized to specific study settings and cannot be generalized. Implementation of new tobacco and alcohol policies, differences in prevalence, and missing recent estimates for women warrants future studies to estimate the burden of tobacco and alcohol on mortality across India.

### **Bhopas: The Traditional Healers of Rajasthan**

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**Abstract:** Ayurveda and Unani medicine system of India is considered as the oldest system of medicine that is available in the Vedas and Arabic literature respectively. Unlike these two, the traditional medicine system of indigenous people exist in the oral tradition that is transferred from one generation to another in the form of folklores. Most of the indigenous communities in India practices their own healing ways of treatments in various forms with the help of locally available medicinal flora and fauna, myths or belief systems and accepted rituals. More often than not traditional healers learn the practice of medicine through the oral traditions. These oral traditions, which is specific to their own communities and therefore contextualized to their life experiences. The traditional healers practice medicine in form of those who can connect with “spirits” or visionaries; they are also those who acquired the traditional healing practice through knowledge that is passed down from their ancestors and also through experience they gather while working alongside with their elders. Bhopas are the traditional healers of Rajasthan, who practice medicine by using locally available medicinal plants, prayers, and by performing rituals. They enjoy a reputable position in the community because of their ability to heal and because they are indigenous to land. This practitioner heals wound, common fever, arthritis, cough, cold, diarrhea, set bones etc. This paper in we suggest to highlight the traditional healing practices in Rajasthan by Bhopas and the challenges they face in practicing their profession in the ever-changing modern technologically oriented society.

### **Sociological Perspectives on Gender-Based Violence and Its Health Impacts**

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This sociological analysis explores the complex aspects of gender-based violence (GBV) with a specific emphasis on understanding its significant health consequences. The study utilizes a sociological perspective to analyze the structural and cultural elements that contribute to the continuation of gender-based violence (GBV). Also, it explores the intricate ways in which this

violence impacts public health. The study examines the power dynamics that are inherent in society institutions, investigating how these dynamics connect with gender, leading to the continuation of cycles of violence and impacting health results. Utilizing sociological theories, this study examines how societal norms, power structures, and institutional frameworks influence the experiences of survivors of gender-based violence (GBV), impacting their physical and mental well-being. The paper highlights the significance of recognizing GBV as a social phenomenon deeply embedded in cultural contexts, necessitating sociologically informed interventions. By examining the social intricacies surrounding GBV, this analysis aims to contribute to a comprehensive understanding of the health consequences, informing the development of sociologically grounded strategies for prevention, intervention, and support for survivors within the broader socio cultural milieu.

## Abstracts

### Papers for Best YOUTH PAPER AWARD Competition

#### Identifying the Risk Factors of Early Childhood Mortality & Impact of Preceding Birth Intervals across India: A Comparative Survival Analysis between the EAG and the South Indian States

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**Introduction:** Child Mortality is considered as a direct and one of the most important indicators of health in a country. Reducing infant and child mortality has been a major priority of public health for a few decades now. There has been a slow decline in infant and child mortality rates in India over the past decades. Of all the infant deaths in India, 60% occur in the neonatal period (<28 days) and it is highest in the EAG states. The contribution of neonatal mortality to infant mortality is also higher in the EAG states than the South Indian states. This paper thus tries to

compare the risk factors of early childhood mortality between the EAG states and South-Indian states and also attempts to examine the impact of preceding birth intervals on early childhood mortality. **Methodology:** The study uses data from the National Family Health Survey 5. Descriptive statistics, Cox-Proportional Hazards Model, and KaplanMeier Estimates were used to fulfil the objectives. **Results:** Early childhood mortality rates were significantly higher in EAG states than South Indian states. The Cox-proportional Hazard model showed that being a male child, having higher birth order, smaller birth size than average, and low birth weight were significant risk factors for neonatal and post-neonatal mortality in both EAG and South Indian states. The marginal effects of these risk factors were however more among the EAG states. Kaplan-Meier survival curves showed that preceding birth interval was indeed significantly associated with early childhood mortality and child survival was better for greater preceding birth interval. **Conclusion:** The study suggests that improvement in socioeconomic and demographic conditions among households would better reduce early childhood mortality in the EAG states than the South Indian states. A higher preceding birth interval can significantly reduce early childhood mortality in both the set of states.

### **Morbidity Transition at the National, Sub-National and their Determinants in the Past and Contemporary Period in India**

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**Objective:** Present study aims to assess and examine morbidity transition at the national and sub-national levels with their risk determinant in India during (1995 to 2018). **Data and Methods:** Data from the 52nd (1995-96), 60th (2004), 71st (2014-15), and 75th (2018) rounds of National-Sample-Survey (NSSO) morbidity data were utilized. Descriptive statistics and pooled multinomial-logistic regression analyses were employed. **Findings:** The study discerned a steady increase in prevalence of various morbidities in India, doubling from 56 to 106 per thousand populations in 1995 and 2014, but declining to 79 per-thousand populations in 2018. NCDs exhibited highest prevalence, soaring from 8.6 to 30 per-thousand since 1995, while infectious and communicable diseases (In&CDs) doubled from 8 to 15 per thousand in two decades. Among females, NCD burden (10 in 1995, 31 in 2004, 40 in 2014 and 34 in 2018 per 1000) was more prevalent than males (8 in 1995, 29 in 2004, 31 in 2014 and 27 in 2018 per 1000), but it has tripled the burden of NCDs in both male and females between 1995 to 2014. Region-wise morbidity pattern and burden from 1995 to 2018 portrays variations and growing among North, South, North-east, Western and Central-East. Recent NSSO-75th rounds data revealed that In&CDs are more dominant in the North region (19 per 1000) than other regions. However, NCDs (61 per 1000) and Disability (18 per 1000) are more prevalent in South region. Kerala consistently reported the highest morbidity rates, followed by states like Lakshadweep, Andhra-Pradesh, WestBengal, and Punjab. In contrast, the north-eastern states, notably Manipur,



reported lowest morbidity prevalence over studied period. **Research Contribution/Conclusion:** This study provides valuable insights into India's changing health landscape by examining the transition in morbidity patterns and trends, both at the national and sub-national levels, and identifying the risk determinants that contribute to this transition.

### **The Journey of Motherhood: A Qualitative inquiry on the Maternity experiences of Women with Dwarfism**

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**Abstract:** Society constructs and validates the notion of 'ideal women' on the basis of certain hegemonic standards. Women with dwarfism are excluded from this categorization for their physique and short stature. However, like any other woman, they deserve to live through the realm of normative life courses such as marriage, pregnancy, childbirth and motherhood. By virtue of being short, a series of persistent misconceptions like incapable of being sexually active, unsuitable for reproduction and possessing the potential risk of genetically transmitting dwarfism to offspring exist predominantly over women with dwarfism. Such distorted dispositions complicate their living and hence, this study intends to comprehend their personal experiences ascribed to the journey of pregnancy. In order to achieve the study aims, a hermeneutical phenomenological design with a social constructivist worldview is employed. The mode of investigation being Qualitative in nature, involves face-to-face indepth interviews with 22 women of short stature selected through a purposive sampling technique. Thematic analysis was thereafter adopted for identifying, analyzing and reporting the data. Five themes such as; ambiguity at the preconception planning phase, pregnancy-related complications, fear associated with childbirth, psycho-social challenges during pregnancy, and contentment post-delivery were extracted from the participant's experiences of maternal health. The findings highlight the need for disability-specific maternity care for childbearing women of short stature encompassing the sensitization of immediate family members, educating the midwives, and upskilling the clinicians associated with them. Women with such primary impairment, are subjected to greater risk of developing secondary impairments when their antenatal period lacks attention. In a nutshell, a deeper understanding of their maternity experiences aids in resolving both physiological and psycho-social issues linked to pregnancy.

### **Forced Conception & its Impact on Maternal Health: A Study of the Women's Bodies and Agency in Jhabua, Madhya Pradesh**

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**Abstract:** In sociological and feminist theories, we often talk about ‘agency’ and its access to women. It has been noted time and again that women are forced to conceive even if they do not want to or despite having child/ children. A woman does not have agency even in such delicate and sensitive cases where her body and health are directly affected in relation to conception (whether consensual or forced) especially in rural areas. The desire to have at least one male child in the family makes it compulsory for women to function as a reproduction machine without giving much thought to the concomitant impact on the health conditions of such women. The concept of “Forced Conception” newly devised for this study focuses on the pressure created on a woman to conceive till the time she gives birth to at least one male child without her choice. The paper also delves into the resultant impact of the forced conception on the health conditions (physical as well as mental) of women. **Data & Methodology:** The location for this study is Jhabua (Madhya Pradesh) where more than 65% people are below poverty line. 2001 & 2011 Census of India reveal that the child sex ratio of Jhabua has decreased from 967 in 2001 to 943 in 2011. A convergent mixed-methods study was conducted here. Pregnancy intention was determined with the help of one to one semi- structured and thematic interviews. Preliminary investigation was followed by the main study where a quantitative segment was applied with 150 women aged between 18 to 35 years (reproductive age of women) visiting three primary health care centers in Jhabua namely, District Hospital, GNMTC & Maa Nagnechya. This segment was followed by the detailed qualitative interaction with 15 women who depicted the trend of forced conception.

### **Forest and Paniya Community: Sustaining Health and Well-being**

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**Abstract:** This research analyses the multifaceted connection between forest and the health and well-being of Paniya community in Wayanad district. Paniya constitutes about 70 percentage of tribal population in Wayanad and it is the largest tribal community can be seen in Kerala. This study attempts to understand to what extent Paniya community is depending on forest to keep their health and well-being and to know the issues they are facing in maintaining their relationship with the forest. A qualitative approach with a case study method has used in this study. The data collection technique has carried out by in-depth interviews and observation. To supplement the data the researcher has used other related documents such as previous research, statistical data, and other works on the similar topic. The result of the study shows that Paniya community has a strong connection with the forest land and utilizing forest resources for food, medicine, and livelihood. They believe that disconnect from their traditional forest dependent lifestyle can lead to stress and a weakening of cultural identity. This research may help us comprehend how tribal communities rely on the environment to maintain their health. Also, by understanding the difficulties the Paniya community faces in sustaining their relationship with the forest, opportunities to learn more about preserving the environment or forest for the well-being and health of tribal groups can develop.

## Socioeconomic Inequality in Minimum Adequate Diet Relating to stunting among under-five Children in India: Analysis from National Representative Sample Survey (NFHS-5)

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**Abstract:** Based on a lower decline prevalence of malnutrition among children aged under five years (6-59 months), understanding the risk factors of stunting is crucial to informing policy and program interventions to address the problem. Thus, we empirically assessed the associations of behavioural trait factors such as consumption and frequency of diet by the children and a variety of demographic and socioeconomic characteristics of mothers potentially associated with stunting among two social groups (SC-ST and Non-SC-ST). The study utilized data from the National Family Health Survey (NFHS-5) of India of all children aged 6–59 months. The minimum adequate diet (MiAD) was measured by a two-stage computation, including Minimum dietary diversity (MiDD) and Minimum frequency of diet (MiFD) for children. Further, descriptive statistics, along with multivariable binary logistic regression, was conducted to find the relationship between stunting and explanatory variables. Finally, the “Fairlie” model was used to decompose the reasons for the anthropometric gap between SC-ST and non-SC-ST children. Children belonging to SC-ST (17.47%) have a higher prevalence of MiAD and stunting (41.12%) compared to Non-SC-ST. Therefore, SC-ST children, those who get MiAD, mothers who are underweight, lower levels of education and wealth index, and exposure to smoking are more likely to suffer from stunting. Further, the decomposition results revealed 69.50% of inequality of stunting between SC-ST and Non-SC-ST children was explained by the observed variables, where economic status (39.78%), mother’s education (12.75%) and Mother’s BMI (9.65%), Status of sanitation facility (4.84%), Birth order (3.53%), mother’s age at birth (1.05%), mother’s type of delivery (2.27%) were significantly explained the gap in stunting between SC-ST and Non-SC-ST children. The findings revealed that MiAD is a contributable component predominantly for stunting. The findings also show not only nutritional factors but also maternal health, sanitation, and hygiene to be effectively associated with childhood stunting.

## Representational Inequities in Under-five Mortality in South Asian Countries: An Illustration of Relative Disadvantage Index

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**Abstract:** With the progress in the reduction of under-five mortality in keeping with the SDG targets, its characteristic inequities remain an overlooked dimension; while socioeconomic characteristic differences in under-five mortality are widely discussed, the inequity derivative of such differences needs measurement to qualify ideal progress made as regard reduction in under-

five mortality among the South Asian countries due to its diverse socio-political and cultural societal settings as well as the complex scene of health and socioeconomic inequality. Examination of such inequality can be based on a principle and a purpose. This exercise offers an understanding of representational inequities in under-five mortality by using the latest DHS dataset of selected South Asian countries with a measure of the Relative Disadvantage Index (RDI). It has also tried to demonstrate the contrast between the prevailing and desirable distribution of this outcome across characteristic categories. The finding indicates the differential pattern of characteristic disadvantage in this outcome across countries that enables a comparative valuation of attainment in this parameter. The study also exposes that maternal education and wealth quintile displays the most unfair distribution of the extent of adversity in keeping with population share across the select set of countries. Further wealth quintiles depict the biggest gap in the prevailing and desirable distribution of this outcome. This exposition informs on the redistribution of this adversity across characteristic groups and an inter-country comparison of prevailing inequality in this outcome considering a range of characteristics. Such a measurement can be used to assess inequity-sensitive performance in the attainment of under-five mortality that is illustrated here among a set of South Asian countries.

### **Healthcare Disparities and the 'Kerala Model': A Sociological Study**

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**Abstract:** Kerala, has been lauded as a model for its robust public health infrastructure and benchmarks. However, beneath the surface, deep healthcare inequities persist, often normalized among the population. This qualitative, ethnographic study aims to examine three understudied areas propagating healthcare disparities in Kerala: mental health stigma, limited preventative care, and gender inequalities in healthcare access. Through in-depth interviews and observations in household settings, we examine how these factors inhibit equitable healthcare attitudes and utilization. We will interview approximately 50 stakeholders across diverse demographics, including patients, household decision-makers, providers, and policymakers. We will use semi-structured guides to explore perspectives surrounding mental health taboos, prevention behaviors, and household gender dynamics in healthcare choices. Ongoing thematic analysis will identify key patterns and themes related to the research questions. The study will also incorporate comparisons before and after COVID19. The pandemic underscored healthcare infrastructure gaps, but possibly induced positive attitudinal shifts. We will probe how entrenched stigmas and gender norms may or may not have changed in this context. This empirical investigation aims to highlight Kerala's healthcare model faults to positively impact scholarship and policy. Findings will be organized into three sections: 1) Mental health stigma and lack of prevention, 2) Gender disparities in household healthcare decisions, 3) Healthcare perspectives pre and postCOVID-19. By generating rich, contextual insights from diverse voices,

this study can inform targeted policies to address residual inequities. Such efforts could help Kerala progress even closer to its equitable, universal healthcare ideals.

## Patterns and Determinants of Gestational Weight Gain in Rural and Urban India

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**Background:** Gestational weight gain (GWG) estimates adequacy of maternal gains required for the growing needs of foetus and to accommodate stores for delivery and lactation. Our objectives were 1) To study patterns and determinants of GWG in pregnant mothers residing in rural and urban areas, 2) To compare them with pre-existing guidelines provided by Institute of Medicine, 2009. **Material and methods:** Data were collected from pregnant mothers enrolled in prospective longitudinal cohort-MAI from August 2020- September 2023. Pregnant mothers were measured for their height and weight, and interviewed for socio-demography, diet, physical activity, sleep quality and prenatal distress. Pre-gestational BMI categories were based on WHO and GWG on IOM, 2009 guidelines. SPSS was used for T-tests, Pearson's correlations and binomial logistic regression.  $p$  value  $< 0.05$  was considered statistically significant. **Results:** Mean maternal age and GWG were  $23.0 \pm 5.8$  yrs and  $10.9 \pm 4.2$  kg. 61.2% underweight rural mothers and 30% underweight urban mothers gained inadequate weight. 11.8% rural and 57.3% urban overweight/obese mothers gained excess weight. Light-moderate ( $r = -0.187$ ) and household physical activity ( $r = -0.179$ ), and prenatal distress ( $r = -0.122$ ) were negatively correlated with GWG, while dietary factors (energy  $r = 0.305$ , protein  $r = 0.255$ , carbohydrate  $r = 0.252$  and fat  $r = 0.238$ ) were positively associated. The primary determinants of inadequate weight gain in the second and third trimesters were low socio-economic status (RR: 2.45, CI: 0.99-6.07), increasing parity (RR: 3.29, CI: 1.39-7.92), underweight pre-pregnancy BMI (RR: 7.31, CI: 2.65-20.1), prenatal distress (RR: 0.21, CI: 0.06-0.73), and poor sleep (RR: 2.74, CI: 1.15-6.55). Overweight and obese pre-gestational BMI was a significant contributor for excess weight gain in both trimesters (RR: 7.61, CI: 3.01-19.25) while sleep seemed to have played a significant role in increasing odds of excess GWG for rural mothers only in the second trimester (B: -0.18, CI: 0.05-0.58). **Conclusion:** Our study has predicted patterns and determinants of trimester-specific inadequate and excess GWG while considering location variations, thereby highlighting modifiable factors to avoid inadequate/excess GWG.

## Assessing the Consequences of Obesity Reduction for Hypertension Prevalence in India: A Discrete-Event Microsimulation Study

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**Background:** Hypertension, often referred to as the "silent killer," presents significant public health challenges on a global scale, and India is no exception to this issue. It is estimated that

approximately one in four adults in India is affected by hypertension. Obesity, a notable modifiable risk factor, has been strongly linked to the occurrence of hypertension. Mirroring the global trend, India has witnessed a substantial increase in the prevalence of obesity in recent decades. Given this scenario, it becomes important to explore the potential benefits of reducing obesity rates on the prevalence of hypertension in India. **Methods:** This study employs a discrete-event microsimulation modelling approach to investigate the dynamic relationship between obesity and hypertension. The modelling approach allows for detailed and individual-level simulation of a population's attributes and behaviours over a defined time frame. Baseline characteristics, prevalence rates, and transition probabilities were collected from a diverse array of data sources, including the National Family Health Survey (NFHS) and the Longitudinal Aging Study in India (LASI). We examined multiple microsimulation periods spanning 30, 40, and 50 years and executed various simulation scenarios encompassing different levels of obesity reduction (0%, 5%, and 10%) for comparative analysis. **Results:** A 5% reduction in obesity was associated with a 3% decrease in hypertension (95% CI: 1.5% - 5.9%) over a 30-year period. Multiple microsimulation scenarios revealed that early interventions targeting BMI reduction yield more significant benefits than delayed approaches. Reducing baseline BMI (at age 20) by one unit resulted in an overall reduction of 2.7% in hypertension prevalence. Furthermore, a secular increase or no change in obesity levels appears to lead to a heightened burden of hypertension. **Conclusion:** Reducing obesity levels, particularly through early interventions, holds significant promise in alleviating the burden of hypertension in India.

### **Ecology, Health and Gender: The case of Ngamee of Loktak Lake, Manipur**

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**Abstract:** Loktak Lake, being of material and cultural significance to the Manipuri lifeworld also carries a symbolic historical baggage. It has served as a lifeblood for a significant number of people, while also deeply engrossed in the domain of abstract beliefs and world-making. Its ecological importance is the floating biomass where native fisherfolk build huts on it and the entirety of the waterway system of Manipur that is connected to the lake. The lake also supports a rich biodiversity of flora and fauna. However, the state's design for its modernisation has consequently led to an invasion of the already existing habitat. Ithai Barrage which was constructed in 1983 has caused numerous degradations to the health of the lake and the people around it. Native ways of life were also disrupted by state and legal-rational invention through the imposition of the Loktak Protection Act 2006 where the fisherfolk were declared as encroachers. Major health concerns for the residents include malnutrition, water-borne diseases; and muscle pull and back pain for women particularly, with poor prevalence of government intervention. The labour dynamics of the fisherfolk community are such that the men engage mainly in fishing, while women perform dual labour in the form of taking care of the household and preparing the fish, smoking, and marketing it. The womenfolk of this community also have the added task of negotiating with certain beliefs and practices that come with the distinctive condition of inhabiting a lake considered to be sacred. Natural activity such as childbirth is



considered to be profane and is not encouraged to be performed on the lake. This research aims to address the health situation and also bridge the knowledge gap by exploring the deeper ideas that embody the interconnectedness of the lake's ecology, gender and their health.

### **Carriers or Vulnerable? Public Healthcare Services among Interstate Migrant Workers in Kerala**

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**Abstract:** The improvement in the health status of people is one of the crucial areas of progress of a community. Kerala's public healthcare system in India has a longstanding tradition of decentralization spanning over two decades. The well-organized health services contributed to elevated living standards within the state. This paper tries to look into the public healthcare system of Kerala and its approach toward interstate migrant workers. The interstate migrant workers, numbering around 20 lakhs, have become an indispensable part of Kerala's economy and the social fabric over the past three decades. The interstate migrant workers, mostly hailing from the deprived economies of the country, found jobs in the informal sector characterized by poor working, and living conditions. The study will be based on the in-depth interviews conducted among the migrant workers and public health care workers working in the Ernakulam district of Kerala and the secondary data. It tries to establish that with activities such as the restrictions and routine checkups of migrants by the health workers, the health system, thus the state establishes a surveillance system for the migrants. This effort by health workers to migrant people establishes that migrant people are more vulnerable to health issues or carriers of diseases for the normal functioning of society. It also establishes the poor hygienic lifestyle of migrant people. This system becomes rigorous during the outbreak of medical emergencies, and migrant workers are seen as the source or reason for the disease.

### **Conditional Inference Trees: An Innovative Approach for Investigating the Connection between Fall Incidents and Depression among Indian Older Adults**

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**Abstract:** Falls and depression are well-known problems among older adults in India. Identifying the factors that contribute to falls and depression is crucial for developing effective prevention and treatment strategies. The aim of the study is to explore the relationships between falls and depression in older Indian adults using conditional inference trees (CTREE), a statistical method used for handling complex interactions between variables using LASI (2017-18) data. CTREE has been used to build a predictive model of falls and depression and to identify the most critical risk factors and their interactions. The study identified a few risk factors like chronic illnesses, depression, sleep troubles, etc. and other new interactions not previously

reported in the literature. The study provides new insights into the relationships between falls and depression in Indian older adults and may inform the development of targeted prevention and treatment strategies.

### **Rise in Traditional Contraceptive Method use in India: Driving Factors, Challenges and Opportunities.**

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**Abstract:** India with world's largest population, has one-fourth of its population in adolescent and young age-group. Sterilization had been a major method used by Indian women from decades, the 95% of sterilization in India were done before the age of 35. This decrease in reproductive span of the women's life for last few generations and awareness of spacing has resulted in the increased use of reversible method. Along with reversible method the traditional method use is also flourishing. This study explores the trend of traditional methods used at national and state level. The knowledge about ovulatory cycle among all women and rhythm method users has been explored at national and state level. The failure of traditional method has been explored. This study uses the NFHS rounds 3, 4, and 5 data and failure of traditional method is calculated using calendar data. The traditional method use was 7.8 % in NFHS-3, it reduced to 5.8 in NFHS-4 and in NFHS -5 its rises to 10.7%. Among the discontinuers 11.5% discontinued the previous method due to side effect, cost, menstrual problem, and lack of privacy. Among all the married women and married women using rhythm method only 25.7% and 26.8% respectively, have correct knowledge of ovulatory cycle. Myths and side-effects of reversible modern methods are one of the driving factors for increased use of traditional methods. Recent uptake of traditional method among users is an opportunity to convert the rhythm method users to standard days method by providing correct knowledge about ovulatory cycle and the method to count the days. It also provides an opportunity to convert the withdrawal method users to condom users by providing access and low-cost effective condoms.

### **Examine the Pattern of Healthcare Utilization and Associated Factors among Older Migrants in India: Does Migration have any Disadvantage in Using Healthcare Services in Later Life?**

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**Abstract:** Ageing and migration are contemporary phenomena challenging for modern society in the twenty-first century. Being aged and having a migrant feature might cause a double risk of vulnerability in poor health and healthcare utilization at the place of destination. The purpose of this paper is to examine the pattern of healthcare utilization and associated factors among older persons in India and find out the migration association in the use of healthcare services. Cross-

sectional data (LASI, wave-I, 2017–2018), with total samples of 66,384 older adults aged 45+ with 30,994 and 35,390 male and female samples, respectively, was used in this study. Descriptive and bivariate analyses have been performed to examine the healthcare utilization of older migrants, and logistic regression analysis has been used to establish the association between migration and healthcare utilization services. Over half (57.5%) of the population aged 45+ in India had migrant characteristics. 7.3% of total migrants use inpatient, and 57.9 % use outpatient healthcare services. Migrants mainly use public health care services in inpatient and outpatient settings compared to non-migrants of older adults. The association between healthcare utilization and migration by distance showed that intrastate and interstate migrants are significantly more likelihood [RRR=1.13 (CI; 01.05- 1.21)] and [RRR=1.14 (CI; 1.01-1.29)] to have inpatient services than non-migrants, respectively. However, the result of outpatient care showed that interstate migrants were less likely [RRR=0.92 (CI; 0.87-0.99)] to have outpatient services than non-migrants. The other factors determining the healthcare utilization of older migrants are gender, Cast, region, economic and health status. The findings of this study suggest that internal migration has a significant positive association with inpatient and a negative association with outpatient healthcare utilization in India. Policymakers should prioritize migrants to maintain the health and healthcare access of older persons in India.

### **Women's Health in a Patriarchal Society**

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**Abstract:** In our society, which is by default a patriarchal society where males occupy supremacy, gender-based violence towards women is a normal phenomenon. In that scenario, women are lagged behind in the accomplishment of their holistic growth. Gender-based violence is a product of a patriarchal society that exploits women particularly using gender-biased societal norms. A big example of this is that "almost all of the child-rearing activities are performed by the mother only and this is only because in our society's norms an ideal mother should be like that". In such a scenario, what could be the condition of women's health which is most important for the sustenance of our society? In the category of health, we have considered physical health, mental health, and social health. The paper is a theoretical review and analysis of how women's lives and health are affected by the masculine perspective of work by society. Our patriarchal society leaves enough advantages for males in contrast to the everyday hectic schedule of females without any leisure. Imagine the day-to-day life of a housewife, who sacrifices her dreams and opportunities and performs unpaid household chores having a smile on her face for the well-being of her family. After giving her blood and sweat while performing all the household chores, her work remains unrecognized and undervalued at the end, just because her work is unpaid in nature. Even if a woman is employed, she has to carry the burden of all unpaid household work. So, it becomes more challenging to balance the working pressure of both institutions. After all of these difficulties, she can't even spend her hard-earned income according to her choice.

## Tribal people and Health care access in Jawathu Hills, Tamil Nadu

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**Abstract:** “Healthcare for all” remains an unrealized dream for marginalized tribal groups in India’s remote rural areas, obstructing the attainment of SDG 3 targets. The study employed a mixed methods design, combining cross-sectional household surveys and in-depth interviews. The household survey collected quantitative data on demographics, socioeconomics, geography, health status, and access determinants from the village's 145 Malayali families in Jamunamarathur village, located in the Jawathu Hills of Tamil Nadu. The in-depth interviews were conducted with a subsample of 15 tribal community members and 11 local healthcare providers to explore personal perspectives underlying statistical trends. Major obstacles identified include high healthcare costs, long travel distances to clinics, inadequate insurance, discrimination by healthcare workers, language barriers, lack of tribal health data and research, geographic isolation, lack of transportation, low health literacy, and cultural beliefs like preference for traditional healing. Government policies aim to improve tribal healthcare, like the Tribal Sub Plan (8.6% of the health budget), the National Health Mission, and the PMJAY insurance scheme. However large gaps exist between policy and implementation. The National Family Health Survey (2019-20) found that 74% of rural Indians have unaffordable private health costs. In Tamil Nadu, 65% of tribes live beyond 30km from clinics. Studies show tribes have lower life expectancy, higher infant deaths, and disproportionate preventable diseases compared to the general population. Decentralized facilities, financial protection, telemedicine, community health workers, and culturally appropriate health education are critical to reaching excluded groups and fulfilling SDG 3. Progress requires addressing disparities and involving marginalized voices. Simple but dedicated efforts can create more equity in the health system. Quality healthcare access remains a dream for many tribes. We must act collectively to make this dream a reality.


## Clustering of Multiple Chronic Conditions and their Geographical Variation in Indian Adults

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**Abstract:** Multiple chronic conditions pose a significant global health challenge, especially in countries experiencing rapid demographic and epidemiological transitions, such as India. Despite efforts to highlight the susceptibility of adults to multiple chronic conditions, there remains a limited understanding of the variations in the patterns of these conditions at different geographical levels in India. To address this gap, our study utilizes data from 73,396 adults aged 45 years and above, sourced from the Longitudinal Aging Study of India, to explore the intricate



clustering of chronic diseases and ascertain the degree to which specific clusters of multiple chronic conditions differ across various geographical levels within India. Utilizing latent class analysis, we identify clusters of common chronic conditions, encompassing diabetes, hypertension, cardiovascular diseases, respiratory disorders, and others, within the diverse Indian population. Furthermore, we calculate intra-cluster correlation coefficients (ICCs) for the derived multiple chronic condition clusters at household, community, district, and state levels. The findings unveil that Indian adults can be categorized into six distinct multiple chronic condition patterns, each with its unique characteristics. Importantly, these clusters do not display a uniform spatial distribution, revealing significant disparities across various geographical scales. Comprehending the geographic variation in the clustering of multiple chronic conditions holds vital implications for healthcare planning, resource allocation, and the formulation of targeted intervention strategies. This study contributes to the ongoing efforts to tackle the escalating burden of chronic diseases in India by providing evidence-based insights that can inform policy decisions, enhance healthcare delivery, and ultimately improve the quality of life for individuals grappling with multiple chronic conditions across diverse regions of the country.

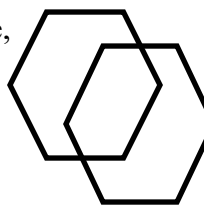
### **“Halfway Life” As a Marker of Ageing in a Finite Stationary Population: A New Outlook on Sustainable Population**

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**Background:** Symmetries between life-lived and life-left in stationary populations and lifespan inequality have drawn the attention of several scholars in the past decades. Both metrics are central to debates about population ageing and fundamental for achieving a sustainable population. The study of sustainable population cuts across human and nonhuman species, age and stage-structured populations to generalise the population-environment linkages. From Dante and Hippocrates to the contemporary sociology of ageing, “midlife” has been considered the prime stage of life. We explore this midlife to understand the ageing and pathways to a sustainable population. **Objective:** This study aims to assess the halfway age (when life years lived equals life years left) under human mortality models in the context of the pace and shape of ageing and as an approximation to the mean age in a stationary population. We also explore the interpretation of the halfway age from the perspective of distributive justice. **Methods and Data:** The author refers to the Halfway age as a marker pace of ageing, which represents an age that equals the remaining life expectancy at that age. We assess the halfway age under human mortality models by showing empirical trends over time and sex and forecast the value for cohorts born today, using SRS, 2000-2020. Results The halfway age is calculated for both sexes and places of residence in India over the span of 2000-2020. Halfway age for females and males in 2020 were 38 and 37 years, respectively. However, males showed a more accelerated pace of transition than females. **Conclusion:** The halfway age has various manifestations: It is a metric of ageing in a stationary population, from economic and psychological standpoint, prime of life,





and through the lens of distributive justice, a marker of inequality showing the disadvantage of individuals who cannot reach the halfway life.

## **Gynaecological Morbidity, Intimate-Partner Violence and Treatment-Seeking Behaviour in India**

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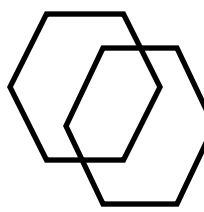
**Abstract:** The International Conference on Population and Development (1994) agenda for universal reproductive health services initiated discussions on Gynecological Morbidity (GM) in academic rhetoric. Defined as ‘structural and functional disorders of the genital tract not related to delivery/pregnancy/puerperium,’ studies observe a positive relationship between GM and intimate-partner violence (IPV). Despite its cruciality, the domain receives scant attention in developing countries. This study uses the National Family Health Survey-4 (2015-16) data to investigate the impact of IPV on GM and the treatment-seeking behavior of women in India. The conceptual framework illustrates IPV affecting GM and treatment-seeking behavior by considering the underlying social phenomena leading to behavioral outcomes. The socio-demographic variables control the occurrence of sexual violence, which has a linear effect on gynecological morbidity. Sexual violence and the level of prevalence, in turn, affect the treatment-seeking. The study generated dichotomous outcome variables ‘GM’ and ‘treatment of GM’ along with explanatory variables, IPV, health autonomy, caste, and education level, and used concentration index (CI) and binary logistic regression to understand the phenomenon. The Wagstaff normalized concentration index estimated Gynecological Morbidity to be higher among poorer and less-educated women. Binary logistic regression shows that the women who faced sexual violence have 1.35 times higher odds of treatment-seeking than the women who did not. The women from the richest quintile have two times higher odds of treatment-seeking than the poorest women. GM is concentrated in economically disadvantaged groups, and the likelihood of treatment-seeking is low in women from the poorest wealth quintile. This mechanism of the high prevalence of morbidity and low treatment-seeking illustrates the pervasive effect of socioeconomic inequality, resulting in the subjugation of women with the increasing burden of disease. The findings broaden the scope for operation research intending to increase the treatment-seeking for gynecological morbidity by stimulating the demand and supply-side factors.

## **Menstrual Health and Hygiene of Women Resident Hostel Students in Higher Education**

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**Abstract:** The research study has been conducted based on the hypothesis that hostel stay affects the menstrual pattern and is attempting to find in what way the menstrual pattern gets affected and the factors that are responsible for this. The study's objectives also look at whether the students are aware of making this connection, how do they maintain menstrual hygiene, and ways by which the females residing in hostels deal with the situation to remain overboard and continue their studies and research. Many types of research have proved menstrual health and hygiene are extremely important in women's life. Therefore, the researchers are ready to risk the bias that their personal experience could reflect in the study to be able to bring in even the slightest difference in the status of women's overall health. This would be not only a step to reach Goal 6 of SDG: Agenda 2030 to ensure availability and sustainable management of water and sanitation for all, but also synchronize with the priorities of WASH strategies. The full paper will explain the Menstrual Hygiene Management Practices among the Students in Higher Education System. The researchers made the questionnaire, to meet the objectives of the research about menstrual health and hygiene practices of students in higher education residing in hostels. The researcher went to the hostel. In the hostel reception she met the students residing in the hostel one on one to get the questionnaire filled. Simple random sampling was done. The research was done qualitatively based on primary data collection.

**Impact of Sustainable Energy on Social and Economic determinants of Health Outcome: A pilot study of North Karnataka District**

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**Abstract:** Social and Economic determinants of health are critical in achieving universal health coverage. Accessibility and Reliability of healthcare infrastructure more in terms of energy is integral for human well-being yet public health rarely considers its importance. India lives in its villages, with more than 50% involved in agriculture and allied activities with Primary Health Care (PHC's) as a first point of interface for any medical emergencies. The term social and economic determinant refers to a condition in which people are born, raise, live, work and age, with accessibility and reliability of quality medical care. The motivation behind the study is to bring out the aspect of energy access and its reliability at a public healthcare facility focusing on the social and economic determinants of health with focus on women, child and elderly population. The energy-health-integration is not captured when it comes to healthcare infrastructure facility particularly focusing on rural health settings with reference to pandemic and climate change that sternly affects health-sector. The objective of the study is to determine the impact of clean energy on social and economic determinants of health with focus on women and child health at rural health care along climate change and pandemic perspective through case analysis. The methodology for the study will be mixed with primary and secondary data collection. Systematic review literature methodology will be followed. The outcome of the study will be more on understanding the impact of energy on social and economic determinants of health outcome for broader policy implications for making rural healthcare more resilient and



achieve universal health coverage with convergence of sustainable development goals i.e. SDG 7 for SDG 13 for SDG 3.

### **Levels, trends and patterns of Undernourished Father-Mother-Child pairs in India**

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**Abstract:** Optimum Nutrition is a significant contributor to one's health. At present, rising levels of Anemia as well as health inequalities suggest that India is lagging behind in the struggle to overcome undernutrition. Analysing the household level of correlates of undernutrition over time will help us assess the situation and progress made so far in terms of understanding intergenerational transfer of undernutrition in Indian families. Using NFHS round IV and V, this paper aims to identify different types of undernourished Father-Mother-Child pairs in India. Level, trend and pattern of such undernourished triads are analysed. Logistic regression was used to see role of different Couple level determinants. Multivariate Decomposition was run to see level of contribution of various factors in the change observed amongst rural and urban areas in the prevalence of Undernourished Triads. Finding show that the prevalence of Undernourished Triads has increased over the period of 2015-2016 and 2019- 2021. The burden of Undernourished Triads was lower among educated couple, couples consuming fruits, green leafy vegetables, grains and pulses and belonging from the higher wealth quintile. Also, Undernourished Triads were higher among couple having higher number of children born in last 5 years, belonging from ST caste and eastern part of the country.

Therefore, the finding of the study suggests that Undernourished Triads is a complex issue influenced by factors beyond just food availability, such as sanitation, education, and income. Addressing the burden of undernourishment among mother-fatherchild pairs requires a holistic approach that consider parental nutrition education through community initiatives, access to diverse and nutrient-rich foods and healthcare services that cater to early diagnosis, efficient management, and treatment. It is crucial to consider the individual needs of various family members, especially children, expectant women, and nursing mothers to break the cycle of Undernourished and improve the health of the entire family.

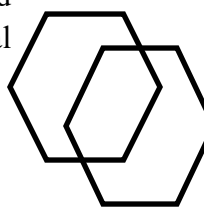
### **Policy Analysis of Indigenous Medicine Regulation and Intellectual Property Protection**

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**Abstract:** Indigenous medicine has long been utilised to treat a broad variety of ailments and problems. However, unlike Western medicine, these systems frequently lack governmental



control and intellectual property protection. This can result in the misappropriation and exploitation of indigenous knowledge and resources. The purpose of this study is to examine the present regulatory environment regarding indigenous medicine regulation and intellectual property protection. The research will identify existing policies, as well as their strengths and shortcomings, gaps, and possibilities for development. Policy recommendations will be made, and the need of safeguarding indigenous knowledge and intellectual property rights will be emphasized. The outcomes of this study will be of interest to policymakers, healthcare professionals, indigenous populations, and indigenous medicine scholars. The research will help to shape more effective and fair policies that promote the long-term usage and growth of indigenous medical systems. Keywords: Indigenous medicine, regulation, intellectual property protection, policy analysis.

### **India's National Health Mission and the challenge of medication non-adherence**

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**Abstract:** The National Health Mission (NHM) plays an instrumental role in achieving Sustainable Development Goals 3. Despite remarkable progress in improving public health, one persistently overlooked challenge obstructs NHM's realization in India: medication non-adherence. Despite the plethora of challenges and barriers debated in the policy discourse, the issue of non-adherence remains absent. Medication non-adherence is a multifaceted problem extending beyond the paternalistic outlook of healthcare. It involves intricate trade-offs between factors such as socioeconomic status, healthcare accessibility, availability, and utilization of healthcare resources. The consequences are profound, leading to a poorer quality of life, the wastage of resources, and hampered policy objectives. This study brings medication non-adherence under the framework of NHM using the data from the 60th and 75th rounds of NSS. Findings show that there is no significant regional difference in medication non-adherence; however, there has been a noticeable improvement over the period of 13 years (2004–2017), and this improvement is much more significant for rural areas (13%) than urban areas (10%). While gender does not emerge as a significant determinant of non-adherence, other factors, including age, employment status, caste, religion, education, wealth quintiles, health insurance, and the type of healthcare institution for inpatient care, play substantial roles. The patterns of non-adherence differ among various diseases in both urban and rural settings. Urban areas show better adherence improvement over time; however, high non-adherence rates still persist. While

the NHM has made a significant contribution to enhancing healthcare accessibility and quality, addressing medication non-adherence is crucial for ensuring the optimal utilization of healthcare resources and achieving UHC. Integrating strategies to address non-adherence within the NHM framework is essential to ensuring accessible, affordable, and patient-centric healthcare services and, ultimately, moving India closer to the realization of its SDG goals.

### **Role of e-Sanjeevani in Delivering Digital Health Care Services: A Study on the Usability and Satisfaction among Hostel Students**

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**Abstract:** In the rapidly evolving world, digital evolution catalyzed a paradigm shift across all sectors of the economy. The integration of digital services becomes crucial in reshaping industries, offering skills and opportunities, and augmenting capabilities, thereby paving the way for sustainable growth. It is crucial to explore the assimilation of innovative digital technologies into the sectors vizagriculture education, health, finance, etc. driving them towards the future marked by adaptability. Particularly the health sector gathered predominance during COVID-19 pandemic, where people got confined to their homes and had to rely on tele-medical services for easy access, relief, and disease resistance. E-Sanjeevani OPD services, introduced in November 2019 under the Ayushman Bharat Health and Wellness Centre Programme of the Union Ministry of Health & Family Welfare, is now the life-saving app for the common man. The application has served around 148.39M patients by the month of July 2023 (Mohfw). The studies concerning user satisfaction, adaptability, and usability are already existing, but the various categories of beneficiaries using such digital health care services, are yet to be discussed. Hostel students often live away from their families and lack special attention and access to healthcare facilities. Unhealthy lifestyles, eating habits, irregular sleep patterns, lack of physical activities, inadequate nutrition, stress and mental health, spread of infectious diseases, etc. are some of the serious health problems faced by hostel inmates. A good number of students depend on e-Sanjeevani for their health services due to the above-mentioned reasons. Therefore this study is to examine the level of satisfaction and usability of e-Sanjeevani among the hostel students in Tamil Nadu (especially, outstation students) using qualitative response econometric models (Logit/ Probit). The study also explores the various factors that affect the adoption behavior of students toward the e-Sanjeevani platform.

